



Continuing Medical Education Accreditation Requirements

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This manual supersedes all previous publications concerning the policies, procedures, and criteria for accreditation by the Medical Society of New Jersey.

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Continuing Medical Education Accreditation Program

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General Information

Physician's Recognition Award - AMA PRA and MSNJ PRA

The Physician's Recognition Award is a certificate awarded by the American Medical Association and/or MSNJ to physicians who earn and document 150 credits of continuing medical education for three year (one and two-year certificates are available as well). AMA established the PRA in 1968 to formally recognize and encourage physician participation in CME activities. The MSNJ PRA is recognized and has reciprocity with the AMA PRA. Note: The MSNJ PRA is available to MSNJ members only.

The AMA/MSNJ PRA is a voluntary recognition program, although many licensing or certifying boards, specialty societies, etc. which require CME, accept receipt of the PRA as fulfillment of their respective requirements. Note: Currently the NJ BME does not accept receipt of a PRA as proof of fulfilling CME requirements.

To stay up-to-date on the AMA PRA credit system, [sign up](#) for the *AMA Med Ed Update* and e-mail cppd@ama-assn.org for comments and suggestions on the PRA credit system.

Authority and Responsibility in Designating Credit

Only organizations accredited as CME providers by the Accreditation Council for Continuing Medical Education (ACCME) or their State Medical Society (SMS) may designate a CME activity for *AMA PRA Category 1 Credit™*. Accredited entities are responsible for understanding AMA PRA credit requirements and have the authority to determine which of their activities meet these requirements. Accredited entities cannot designate *AMA PRA Category 2 Credit™*.

PRA requirements and materials are revised periodically. Application forms and current information on criteria and requirements as found in the AMA PRA Booklet may be obtained from the AMA web site at www.ama-assn.org.

The designation of *AMA PRA Category 1 Credit™* for specific CME activities is not within the purview of the Medical Society of New Jersey as an accrediting body. Consultation regarding the PRA and its requirements, however, is available through The AMA. Contact the AMA for CME questions at (312) 464-4668 or pra@ama-assn.org

Credit Statement An accredited organization's authority to designate credit for its CME activities extends only to *AMA PRA Category 1 Credit™*. The following credit statement must be used on all promotional literature that are designated for *AMA PRA Category 1 Credit™*:

The (name of the accredited provider) designates this (learning format) for a maximum of (number of credits) *AMA PRA Category 1 Credit(s)™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This statement must be separate from the accreditation statement and, if prefaced and identified as the designation statement, must read: AMA Credit Designation Statement

Please refer to the AMA PRA Booklet for minimum wording for physician and non-physician certificates or transcripts.

Providers may apply for and grant other types of credit for physicians, e.g., AAFP, ACOG. Providers may also seek continuing education credit for other healthcare professionals as appropriate for the content of the activity. Examples include nurses, physical therapists, and social workers.

Calculating CME Credits

Credit for the AMA PRA is determined by the actual clock hours of educational time. Time allotted for registration, breaks, lunch, etc., is not applied toward the number of hours. The time it takes to participate in an activity may be rounded to the nearest quarter hour and credit should be awarded accordingly.

Physicians should be instructed to claim credit equal (commensurate) to their participation in an activity.

Accreditation and Designation Statement Requirements

Accredited organizations are responsible for informing participants when they have designated an activity for credit, and the number of credits offered upon its completion. This is done through publication of the accreditation statement and the credit designation statement (stated above), both of which must appear on program announcements and brochures distributed to potential participants by accredited providers. The accreditation statement indicates that the organization is accredited and by whom it is accredited. The credit designation statement indicates the number of *AMA PRA Category 1 Credits™* for which it is designated. Use the exact wording as stated in the following table. Credit cannot be designated post activity.

Accreditation Statements For Activities Designated for <i>AMA PRA Category 1 Credit™</i>
<p>For Directly Provided Activities Accreditation Statement: The (name of the accredited provider) is accredited by the Medical Society of New Jersey to provide continuing medical education for physicians.</p>
<p>For Jointly Provided Activities Accreditation Statement: This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Medical Society of New Jersey (MSNJ) through the joint providership of (name of accredited provider) and (name of non-accredited provider). The (name of accredited provider) is accredited by MSNJ to provide continuing medical education for physicians.</p>

Statements on promotional materials to the effect that CME credit is “pending” or “applied for” are PROHIBITED by the American Medical Association and the Medical Society of New Jersey.

General Accreditation Overview

MSNJ’s accreditation program is administered under the purview of the Committee on Continuing Education and its Accreditation Review Committee (ARC). Final accreditation decisions are made by the Committee on Continuing Education.

Throughout this document, the term “organization” and “provider” are used broadly to include hospitals, professional societies, agencies, or other entities providing CME for physicians. The term “program” generally refers to an organization’s overall CME effort, while CME “activity” refers to individual conferences, series, seminars, independent study materials, etc. which may collectively comprise the overall program.

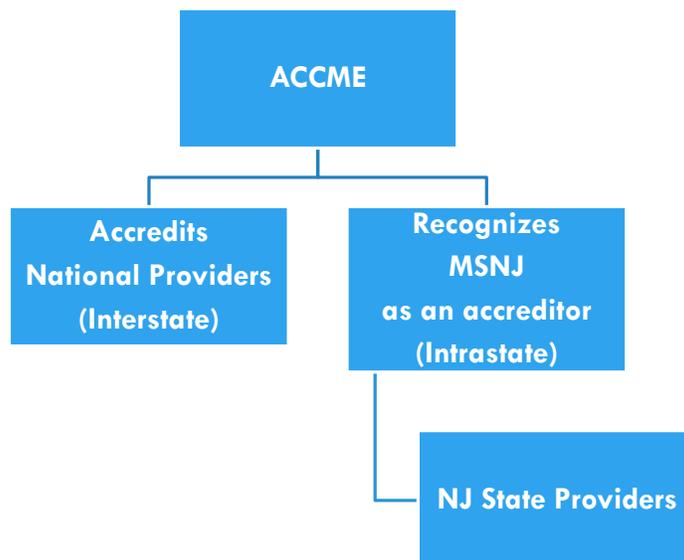
Definition and Purpose of Accreditation

Accreditation is official recognition by a State Medical Society or the Accreditation Council for Continuing Medical Education, that an organization’s overall program of physician CME meets established criteria for educational planning and quality.

The purpose of the accreditation process is to enhance the quality of physician CME by establishing and maintaining educational standards for the development and implementation of formally structured CME programs. This process measures the ability of organizations to plan effective CME activities and to maintain an overall CME program in accordance with these standards.

Only organizations, institutions, or other CME provider entities are “accredited” - NOT activities, seminars, conferences, educational materials or speakers. An accredited provider, however, may designate activities, conferences, seminars, or materials, for credit.

The State and National Accreditation Process



The ACCME

The Accreditation Council for Continuing Medical Education is composed of representatives from the following organizations: American Medical Association; American Hospital Association; Association for Hospital Medical Education; Association of American Medical Colleges; Council of Medical Specialty Societies; Federation of State Medical Boards. The ACCME functions are as follows:

- Sets national standards and guidelines for accreditation of CME sponsors
- Accredits state medical societies, medical schools, and entities which provide nationally promoted CME activities
- Recognizes state medical associations as the accrediting bodies for their states

The MSNJ

Medical Society of New Jersey is recognized by the ACCME as the New Jersey accreditor of intra-state CME providers. In accordance with ACCME criteria, MSNJ's Committee on Continuing Education sets and administers New Jersey standards and guidelines for the accreditation of CME providers and accredits organizations located in New Jersey that conduct a program of CME activities for physicians in New Jersey and its contiguous borders.

MSNJ's Accreditation Program was initiated to: 1) assist organizations in developing high quality CME programs, 2) increase physicians' access to quality practice-based CME in the local community and 3) identify and accredit New Jersey entities whose overall CME program substantially meets or exceeds the accreditation requirements and policies of the Medical Society of New Jersey. MSNJ's accreditation requirements and policies are equivalent to the accreditation requirements and policies of the ACCME.

Dual Accreditation

A provider of continuing medical education may not maintain accreditation by the ACCME and MSNJ at the same time. When a MSNJ-accredited provider alters its function, seeking and achieving accreditation from the ACCME, that provider should promptly notify the MSNJ, withdrawing from its accreditation system. Should an ACCME-accredited provider change its role and become accredited by MSNJ, a similar procedure must be followed.

Eligibility for MSNJ Accreditation

The organization must:

- Be located in New Jersey;
- Be developing and/or presenting a program of CME for physicians on a regular and recurring basis;
- Serve a target audience of no more than 30% of physician learners from outside New Jersey and its contiguous states. Organizations with a national audience should apply for accreditation from the ACCME (www.accme.org);

- Demonstrate an overall organizational commitment to the CME program, including physician support, budget support, staffing, and record-keeping resources;
- Not be a commercial interest. A “commercial interest” is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients;
- Not be developing and/or presenting a program of CME that is, in the judgment of MSNJ, devoted to advocacy on unscientific modalities of diagnosis or therapy;
- Present activities that have “valid” content. Specifically, the organization must be presenting activities that promote recommendations, treatment, or manners of practicing medicine that are within the definition of CME. Providers are not eligible for accreditation if they present activities that promote treatments that are known to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients;
- Demonstrate the capacity to comply with the MSNJ accreditation requirements and policies.

When there is a question regarding eligibility, MSNJ reserves the right to make decisions on the issue.

Types and Duration of Accreditation within the MSNJ-CME Accreditation System

Accreditation with Commendation

Compliance in all 19 criteria and policies (Level 3).

Term: 6 years

Accreditation

Compliance in Criteria 1-13 and policies (Level 2).

Term: 4 years (Standard Accreditation Term)

Note: Any criterion found in noncompliance must be brought into compliance in a Progress Report.

Provisional Accreditation

Compliance in Criteria 1, 2, 3, 7-12 (Level 1) and policies

Term: 2 years

Note: Any criterion or policy found in noncompliance results in a status of non-accreditation.

Probation

An accredited program that seriously deviates from Compliance with the Accreditation Requirements may be placed on Probation. Probation may also result from a provider’s failure to demonstrate Compliance in a Progress Report or failure to pay accreditation fees.

Term: Providers who receive Probation at reaccreditation receive the standard four-year term. Failure to demonstrate compliance in all criteria and policies **within two years** will result in Non-accreditation. Accreditation status, and the ability for a provider to complete its four-year term, will resume when a Progress Report is received, and all criteria and policies are found in compliance by the MSNJ Committee on Continuing Education. Monitoring also occurs via the annual MSNJ CME Provider Update Report.

Restrictions: May NOT jointly provide with non-accredited entities. Any jointly provided activities already planned can go forward. A list of the activities already in motion must be provided to MSNJ.

Non-accreditation

1. Given to an initial applicant following formal review and a site survey when the Committee on Continuing Education determines that an organization is not in compliance with all Level 1 Accreditation requirements.
2. Given to providers on Probation that do not demonstrate that all Noncompliance findings have been converted to Compliance within not more than two years.
3. Possible result of failure to pay accreditation fees or submit Annual and/or Progress Reports.

Progress Reports

MSNJ expects organizations found to be in noncompliance with Criteria 1-13, or with the policies, to demonstrate compliance through the Progress Report process. MSNJ will notify providers whether or not a Progress Report is required in the accreditation decision report letter. Progress reports may be requested for committee review in 3 or 6 months following an accreditation decision or an annual report review. The provider is advised of the need for a Progress Report well in advance of the specified meeting of the Committee on Medical Education at which the report will be reviewed. The notification specifies the due date for the Progress Report and the content. For the specific performance issues described for noncompliance findings with Criteria 1-13 or policies, providers must describe improvements and their implementation and provide evidence of performance in practice to demonstrate compliance.

Providers will receive a decision from MSNJ based on a review of all the information and materials submitted as part of the Progress Report. A Progress Report review will result in the following feedback from MSNJ:

- **All Criteria in Compliance:** The provider demonstrated that it has corrected the Criteria or policies that were found to be in noncompliance.
- **All Criteria Not Yet in Compliance:** The provider has not yet demonstrated that it has corrected all of the Criteria or policies that were found to be in noncompliance.

If all Criteria or policies that were found to be in noncompliance are not corrected, MSNJ may require another Progress Report, a focused interview, and/or a change of status.

Reconsideration and Appeals

A provider that receives a decision of Probation or Non-accreditation may request Reconsideration when it feels that the evidence it presented to MSNJ justifies a different decision. Only material which was considered at the time of the review and site survey may be reviewed upon Reconsideration. If, following the Reconsideration, MSNJ sustains its original action, the organization may request a hearing before an Appeals Board. Please see Reconsideration and Appeals policies in the policies section of this manual.

Accreditation Fees

MSNJ accreditation fees are established by its Board of Trustees and periodically revised relative to operational costs of the program. Standard accreditation fees include the pre-application fee, self-study fee, annual fee, and if necessary, site surveyor travel expenses.

The Committee may evaluate an organization's accreditation status prior to its designated date for resurvey if interim information indicates that the organization has undergone substantial changes and/or may no longer be in compliance with the Essential Areas. In such cases, additional non-standard resurvey fees may apply.

The ACCME fee is set m\by the ACCME, collected by the MSNJ, and remitted to the ACCME on behalf of the provider.

Standard Accreditation Fees					
Pre-Application Fee	\$150				
Self-study for Initial Accreditation	\$2,500				
Self-study for Reaccreditation	0				
Annual Fee Paid in January of each year	Tier	# Medical Staff	MSNJ Fee	ACCME Fee	Total Fee
	A	0-50	\$1500	\$550	\$2050
	B	51-200	\$2000	\$550	\$2550
	C	201-400	\$2500	\$550	\$3050
	D	401+	\$3000	\$550	\$3550
Additional Annual Accreditation Fees:					
	# Facilities				
System-wide Accreditation	2-3	\$500			
	4+	\$1000			
Site Surveyor Travel Expenses	As incurred				
Progress Report Fee	\$500				

Non-payment of fees: Failure to meet MSNJ deadlines for self-studies, progress reports, or annual reports could result in an immediate change of status to Probations, and subsequent consideration by the committee on Continuing Education for change in status to Nonaccreditation.

Procedures for Obtaining CME Accreditation

Initial Accreditation for New Applicants

STEP 1: Pre-application

Organizations meeting the eligibility criteria described in this publication should carefully develop the overall CME program in accordance with the accreditation requirements and policies for the Accreditation of CME Providers.

The pre-application is designed to help organizations assess their program and determine when they are ready to begin the application process. There are four crucial elements that should be in place before the formal application is submitted: (1) a CME Committee providing leadership; (2) administrative support assigned to the CME effort; (3) interested physician attendees; and (4) a CME track record.

CME Track Record

Prior to completion of the MSNJ Pre-application for Initial Accreditation

It is not impossible for an organization to demonstrate compliance with the accreditation requirements and policies if it has not produced CME activities prior to preparing the self-study for accreditation. While it is not mandatory that these activities be granted credit, (by a joint-provider) they must demonstrate compliance with the accreditation requirements and policies and be planned and implemented in accordance with procedures to be utilized by the organization as an accredited provider.

At least two CME activities should be implemented within the 24 months prior to submission of the self-study for initial accreditation. One of these activities should be implemented prior to submission of the Pre-application.

MSNJ Accreditation Program staff and committee members are available for consultation and to assist with interpretation and understanding of accreditation requirements and materials. For assistance at any stage in the accreditation process contact: MSNJ CME Accreditation Program, 2 Princess Road, Lawrenceville, NJ 08648, 609-896-1766 x217.

STEP 2: Preliminary Review

When the organization feels that its program sufficiently meets the criteria and policies outlined in this manual, the Pre-application should be submitted to the Medical Society of New Jersey, attn. Continuing Medical Education Accreditation Program.

Upon receipt, the completed Pre-application is reviewed to determine if the organization appears to have the basic structure in place to begin the formal application process. Upon review of the Pre-application, a recommendation will be made either for the organization to begin the full application process by writing a self-study report or that certain aspects of the program be refined or more fully developed prior to application. The self-study report must address Criteria 1, 2, 3, and 7-12 and applicable policies. The specific Criteria and policies are described later in this manual.

Application for accreditation using a self-study report should be submitted within twelve (12) months of a successful pre-application.

STEP 3: First Level Review

When the self-study report is received, it is evaluated by the Accreditation Review Committee (ARC) and MSNJ staff.

If the reviewers feel that the self-study report shows preliminary evidence that the organization's program may meet accreditation requirements, a site survey will be scheduled.

If reviewers feel the application is inadequate for preliminary assessment, they may recommend that a site visit be deferred and the matter submitted for discussion and action by the ARC at their next meeting.

At this meeting the ARC may recommend that: (1) the review process proceed with a site visit, (2) a site visit be postponed pending additional information or evidence of further development in a particular area, or (3) the organization not be accredited at this time.

A recommendation for non-accreditation will be taken to the Committee on Continuing Education for action. In such a case, the organization will be notified of the procedures for reconsideration or appeal if this recommendation is approved.

STEP 4: Second Level Review

Upon favorable review of the self-study report, the organization will be contacted to schedule a site visit. At this time, a survey team composed of selected members of the Committee on Medical Education will meet with applicable physicians, CME staff, and the organization's administration; review CME files and documentation; and meet with the organization's CME committee.

The survey interview normally takes place between 9:00 am and 9:30 pm on the selected day. The exact schedule is determined by mutual convenience and individual circumstances.

STEP 5: Committee Action

Following the site visit, the survey team will report its findings to the ARC at its next regularly scheduled meeting.

The ARC's recommendation then is submitted to the Committee on Continuing Education for action. Action by the Committee may result in provisional accreditation of two years or non-accreditation. A decision of non-accreditation will be reported to the organization with notification that they may utilize procedures for reconsideration and appeal.

Non-accredited organizations may later re-apply as an initial applicant (after one year).

Resurvey of Accredited Providers

The provider will be notified of the need to apply for reaccreditation and will be sent the appropriate documents and instructions for completing a self-study report as well as information for arranging a date for the survey. Self-study deadlines are determined by the dates of scheduled MSNJ committee meetings, typically January, April, July, and October. Resurveys of accredited providers are conducted in accordance with the following procedures:

STEP 1: Review and Survey Interview

At this time, a survey team composed of members of the Committee on Medical Education will meet

with representatives of the organization, review files, and documentation. The site visit normally takes place between 9:00 am and 9:30 am on the selected day and lasts for 1½ to 2½ hours. Survey interviews usually take place at MSNJ. The exact schedule for each survey is determined by mutual convenience and individual circumstances.

STEP 2: Committee Action

Following the site visit, the survey team will report its findings to the Accreditation Review Committee at its next regularly scheduled meeting.

The ARC's recommendation is submitted to the Committee on Continuing Education for action. Action by the Committee may result in: (1) accreditation with commendation for six years; (2) accreditation for four years; (3) probationary accreditation; (4) non-accreditation.

Decisions of probation or non-accreditation will be reported to the organization with notification that they may utilize the procedures for reconsideration and appeal of the decision.

Organizations receiving non-accreditation may later reapply as an initial applicant after one year from the date the decision was made.

Accreditation Extensions and Late Self-Study Reports

If extenuating circumstances prevent a provider from submitting its self-study report for resurvey by the designated deadline, the organization may request an extension of its current accreditation by submitting a written request to Chair of the Committee on Medical Education.

At the discretion of the Chair, recommend grant the organization an extension of its current accreditation subject to the following stipulations:

- The extension will not exceed 8 months

Early Survey or Special Report

MSNJ may reevaluate an organization at any time less than the period specified for resurvey if information is received from the organization itself, or from other sources, which indicated it has undergone substantial changes and/or may no longer be in compliance with the accreditation requirements and policies.

MSNJ Accreditation Criteria

Introduction

MSNJ strives to increase physician access to quality, practice-based CME in the local community by identifying and accrediting organizations whose overall CME programs substantially meet or exceed established criteria for education planning and quality. These criteria, called the “MSNJ Accreditation Requirements and Policies,” are based on specific elements of organization, structure, and method believed to significantly enhance the quality of formal CME programs. Accreditation is granted based on an organization’s demonstrated ability to plan and implement CME activities in accordance with the accreditation requirements and policies.

The accreditation requirements and policies adopted by the MSNJ Committee on Continuing Education in February 2007 are derived from the accreditation requirements and policies developed by the Accreditation Council for Continuing Medical Education (ACCME) in September 2006. The ACCME system of accreditation governing intrastate accreditors promotes uniform evaluation of CME providers throughout the country.

The accreditation system seeks to reposition CME providers to serve as a strategic asset to the quality improvement and patient safety imperatives of the U.S. healthcare system. The focus now is on contributing to the physician’s strategies for patient care (competence), their actual performance in practice, and/or their patient outcomes. Providers must now establish a specific mission, provide education interventions to meet that mission, and then assess their program’s impact at meeting that mission and improving their program.

The Accreditation Requirements and their Criteria are organized as follows:

- The **Purpose and Mission Area** describes *why* the organization is providing CME (C1).
- The **Educational Planning Area** explains *how* the organization plans and provides CME activities, incorporating the ACCME Standards for Commercial Support to ensure independence (C2-10).
- The **Evaluation and Improvement Area** evaluates *how well* the organization is accomplishing its purpose in providing CME activities and identifies opportunities for change and improvement in the CME program (C11-13).
- The **Accreditation with Commendation** criteria recognize an organization’s engagement with the environment (C16-22).

The Criteria are divided into three levels:

- **Level 1:** Provisional Accreditation for initial applicants only that requires compliance with Criteria 1, 2, 3, and 7-12.
- **Level 2:** Providers seeking full Accreditation or reaccreditation for a four-year term must be in compliance with Criteria 1-13.
- **Level 3:** Accreditation with Commendation, which requires compliance with Criteria 1-13 and the Criteria for Accreditation with Commendation and results in a six-year term.

Note: Accredited providers may seek a change in status from Accreditation to Accreditation with Commendation after receiving a noncompliant finding in the Commendation Criteria or a MSNJ policy.

To be eligible for a change in status, a provider must have been found compliant with Accreditation Criteria 1 – 13, and must have no more than one noncompliant finding in the Criteria for Accreditation with Commendation or a MSNJ policy. If the provider submits a voluntary Progress Report that is accepted, the provider is eligible for a change in status to Accreditation with Commendation.

The ACCME Standards for Commercial Support^(SM): Standards to Ensure Independence in CME Activities

The ACCME Standards for Commercial Support as adopted in 1992, revised in 2004 and clarified since, are reflected in the Accreditation Criteria in Criteria 7-10. They are designed to ensure that CME activities are independent and free of commercial bias. All accredited CME providers must defer to independence from commercial interests, transparency, and the separation of CME from product promotion. These standards apply to every CME activity regardless.

MSNJ Policies

MSNJ policies supplement the Accreditation Criteria and the Standards for Commercial Support: Standards to Ensure Independence in CME Activities. These policies offer more specific guidelines on areas including CME program and activity administration, education activity formats, and compliance with the Standards for Commercial Support. In some cases, policies are developed to address emerging issues.

To make accreditation decisions, MSNJ will review the data collected for the accreditation requirements and policies to determine the level of accreditation. This process is repeated at the end of every term for accredited providers and more frequently where monitoring suggests possible areas for improvement.

Medical Society of New Jersey Accreditation Criteria

The Accreditation Criteria are divided into three levels. To achieve Provisional Accreditation, a two-year term, providers must comply with Criteria 1, 2, 3, and 7-12. Providers seeking full Accreditation or reaccreditation for a four-year term must comply with Criteria 1-13. To achieve Accreditation with Commendation, a six-year term, providers must comply with all Accreditation Criteria.

CRITERION 1

The provider has a CME mission statement, approved by the governing body, that includes expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program.

CRITERION 2

The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.

CRITERION 3

The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.

CRITERION 5

The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity.

CRITERION 6

The provider develops activities/educational interventions in the context of desirable physician attributes (e.g., IOM competencies, ACGME Competencies).

CRITERION 7

The provider develops activities/educational interventions independent of commercial interests (SCS 1, 2 and 6).

CRITERION 8

The provider appropriately manages commercial support (if applicable, SCS 3).

CRITERION 9

The provider maintains a separation of promotion from education (SCS 4).

CRITERION 10

The provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest (SCS 5).

CRITERION 11

The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions

CRITERION 12

The provider gathers data or information and conducts a program-based analysis on the degree to which the CME mission of the provider has been met through the conduct of CME activities/educational interventions.

CRITERION 13

The provider identifies, plans and implements the needed or desired changes in the overall program (e.g., planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve on ability to meet the CME mission.

ACCREDITATION WITH COMMENDATION (in addition to 1-13)**CRITERION 16**

The provider operates in a manner that integrates CME into the process for improving professional practice.

CRITERION 17

The provider utilizes non-education strategies to enhance change as an adjunct to its activities/educational interventions (e.g., reminders, patient feedback).

CRITERION 18

The provider identifies factors outside the provider's control that impact on patient outcomes.

CRITERION 19

The provider implements educational strategies to remove, overcome or address barriers to physician change.

CRITERION 20

The provider builds bridges with other stakeholders through collaboration and cooperation.

CRITERION 21

The provider participates within an institutional or system framework for quality improvement.

CRITERION 22

The provider is positioned to influence the scope and content of activities/educational interventions.

Note: Criterion 4, 14 & 15 were eliminated (Feb.2014)

Accreditation Criteria/Accreditation Levels

Criteria	Level 1 Provider Provisional Accreditation	Level 2 Provider Full Accreditation	Level 3 Provider Accreditation with Commendation
1. The provider has a CME mission statement, approved by the governing body*, with expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program.	☑	☑	☑
2. The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.	☑	☑	☑
3. The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.	☑	☑	☑
4. The provider generates activities/educational interventions around content that matches the learners' current or potential scope of professional activities.	Eliminated		
5. The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity.		☑	☑
6. The provider develops activities/educational interventions in the context of desirable physician attributes (e.g., IOM competencies, ACGME Competencies).		☑	☑
7. The provider develops activities/educational interventions independent of commercial interests (SCS 1, 2 and 6).	☑	☑	☑
8. The provider appropriately manages commercial support (if applicable, SCS 3).	☑	☑	☑
9. The provider maintains a separation of promotion from education (SCS 4).	☑	☑	☑
10. The provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest (SCS 5).	☑	☑	☑
11. The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions.	☑	☑	☑
12. The provider gathers data or information and conducts a program-based analysis on the degree to which the CME mission of the provider has been met through the conduct of CME activities/educational interventions.	☑	☑	☑
13. The provider identifies, plans and implements the needed or desired changes in the overall program (e.g., planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve on ability to meet the CME mission.		☑	☑
14. The provider demonstrates that identified program changes or improvements, that are required to improve on the provider's ability to meet the CME mission, are underway or completed.	Eliminated		
15. The provider demonstrates that the impacts of program improvements, that are required to improve on the provider's ability to meet the CME mission, are measured.	Eliminated		
16. The provider operates in a manner that integrates CME into the process for improving professional practice.			☑
17. The provider utilizes non-education strategies to enhance change as an adjunct to its activities/educational interventions (e.g., reminders, patient feedback).			☑
18. The provider identifies factors outside the provider's control that impact on patient outcomes.			☑
19. The provider implements educational strategies to remove, overcome or address barriers to physician change.			☑
20. The provider builds bridges with other stakeholders through collaboration and cooperation.			☑
21. The provider participates within an institutional or system framework for quality improvement.			☑
22. The provider is positioned to influence the scope and content of activities/educational interventions.			☑

ACCME Standards for Commercial Support: Standards to Ensure Independence in CME Activities

Standard 1: Independence

STANDARD 1.1 A CME provider must ensure that the following decisions were made free of the control of a commercial interest. The ACCME defines a “commercial interest” as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients, with the exemption of non-profit or government organizations and non-health care related companies.

- (a) Identification of CME needs;
- (b) Determination of educational objectives;
- (c) Selection and presentation of content;
- (d) Selection of all persons and organizations that will be in a position to control the content of the CME;
- (e) Selection of educational methods;
- (f) Evaluation of the activity.

STANDARD 1.2 A commercial interest cannot take the role of non-accredited partner in a joint providership relationship.

Standard 2: Resolution of Personal Conflicts of Interest

STANDARD 2.1 The provider must be able to show that everyone who is in a position to control the content of an education activity has disclosed all relevant financial relationships with any commercial interest to the provider. The ACCME defines “‘relevant’ financial relationships” as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

STANDARD 2.2 An individual who refuses to disclose relevant financial relationships will be disqualified from being a planning committee member, a teacher, or an author of CME, and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CME activity.

STANDARD 2.3 The provider must have implemented a mechanism to identify and resolve all conflicts of interest prior to the education activity being delivered to learners.

Standard 3: Appropriate Use of Commercial Support

STANDARD 3.1 The provider must make all decisions regarding the disposition and disbursement of commercial support.

STANDARD 3.2 A provider cannot be required by a commercial interest to accept advice or services concerning teachers, authors, or participants or other education matters, including content, from a commercial interest as conditions of contributing funds or services.

STANDARD 3.3 All commercial support associated with a CME activity must be given with the full knowledge and approval of the provider.

STANDARD 3.4 The terms, conditions, and purposes of the commercial support must be documented in a written agreement between the commercial supporter that includes the provider and its educational partner(s). The agreement must include the provider, even if the support is given directly to the provider’s educational partner or a joint provider.

STANDARD 3.5 The written agreement must specify the commercial interest that is the source of commercial support.

STANDARD 3.6 Both the commercial supporter and the provider must sign the written agreement between the commercial supporter and the provider.

STANDARD 3.7 The provider must have written policies and procedures governing honoraria and reimbursement of out-of-pocket expenses for planners, teachers, and authors.

STANDARD 3.8 The provider, the joint provider, or designated educational partner must pay directly any teacher or author honoraria or reimbursement of out-of-pocket expenses in compliance with the provider's written policies and procedures.

STANDARD 3.9 No other payment shall be given to the director of the activity, planning committee members, teachers or authors, joint provider, or any others involved with the supported activity.

STANDARD 3.10 If teachers or authors are listed on the agenda as facilitating or conducting a presentation or session, but participate in the remainder of an educational event as a learner, their expenses can be reimbursed and honoraria can be paid for their teacher or author role only.

STANDARD 3.11 Social events or meals at CME activities cannot compete with or take precedence over the educational events.

STANDARD 3.12 The provider may not use commercial support to pay for travel, lodging, honoraria, or personal expenses for non-teacher or non-author participants of a CME activity. The provider may use commercial support to pay for travel, lodging, honoraria, or personal expenses for bona fide employees and volunteers of the provider, joint provider or educational partner.

STANDARD 3.13 The provider must be able to produce accurate documentation detailing the receipt and expenditure of the commercial support.

Standard 4. Appropriate Management of Associated Commercial Promotion

STANDARD 4.1 Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CME activities.

STANDARD 4.2 Product-promotion material or product-specific advertisement of any type is prohibited in or during CME activities. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate from CME.

- For print, advertisements and promotional materials will not be interleaved within the pages of the CME content. Advertisements and promotional materials may face the first or last pages of printed CME content as long as these materials are not related to the CME content they face and are not paid for by the commercial supporters of the CME activity.
- For computer based, advertisements and promotional materials will not be visible on the screen at the same time as the CME content and not interleaved between computer 'windows' or screens of the CME content. Also, accredited providers may not place their CME activities on a Web site owned or controlled by a commercial interest. With clear notification that the learner is leaving the educational Web site, links from the Web site of an accredited provider to pharmaceutical and device manufacturers' product Web sites are permitted before or after the educational content of a CME activity, but shall not be embedded in the educational content of a CME activity. Advertising of any type is prohibited with the educational content of CME activities on the Internet including, but not limited to, banner ads, subliminal ads, and pop-up window ads. For computer-based activities, advertisements and promotional materials may not be visible on the screen at the same times as the CME content and not interleaved between computer windows or screens of the CME content.
- For audio and video recording, advertisements and promotional materials will not be included within the CME. There will be no 'commercial breaks.'

- For live, face-to-face CME, advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during, or after a CME activity. Providers cannot allow representatives of Commercial Interests to engage in sales or promotional activities while in the space or place of the CME activity.
- For journal-based CME, none of the elements of journal-based CME can contain any advertising or product group messages of commercial interests. The learner must not encounter advertising within the pages of the article or within the pages of the related questions or evaluation materials.

STANDARD 4.3 Educational materials that are part of a CME activity, such as slides, abstracts and handouts, cannot contain any advertising, corporate logo, trade name or a product-group message of an ACCME-defined commercial interest.

STANDARD 4.4 Print or electronic information distributed about the non-CME elements of a CME activity that are not directly related to the transfer of education to the learner, such as schedules and content descriptions, may include product-promotion material or product-specific advertisement.

STANDARD 4.5 A provider cannot use a commercial interest as the agent providing a CME activity to learners, e.g., distribution of self-study CME activities or arranging for electronic access to CME activities.

Standard 5. Content and Format without Commercial Bias

STANDARD 5.1 The content or format of a CME activity or its related materials must promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest.

STANDARD 5.2 Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CME educational material or content includes trade names, where available trade names from several companies should be used, not just trade names from a single company.

Standard 6. Disclosures Relevant to Potential Commercial Bias

STANDARD 6.1 An individual must disclose to learners any relevant financial relationship(s), to include the following information:

1. The name of the individual;
2. The name of the commercial interest(s);
3. The nature of the relationship the person has with each commercial interest.

STANDARD 6.2 For an individual with no relevant financial relationship(s) the learners must be informed that no relevant financial relationship(s) exist.

STANDARD 6.3 The source of all support from commercial interests must be disclosed to learners. When commercial support is 'in-kind' the nature of the support must be disclosed to learners.

STANDARD 6.4 'Disclosure' must never include the use of a trade name or a product-group message of an ACCME-defined commercial interest.

STANDARD 6.5 A provider must disclose the above information to learners prior to the beginning of the educational activity.

Adopted by ACCME, September 28, 2004 and since modified

Formally adopted by the Medical Society of New Jersey Committee on Continuing Education 2005

Supplemental Policies and Definitions for the ACCME Standards for Commercial Support: Standards to Ensure the Independence of CME Activities (“SCS”).

As a state medical society accreditor recognized by ACCME, MSNJ must adopt all ACCME Policies relevant to the Standards for Commercial Support (SCS).

Relevant to SCS 1 (Ensuring Independence in Planning CME Activities)

A “**commercial interest**” is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

The ACCME does not consider providers of clinical service directly to patients to be commercial interests.

A commercial interest is not eligible for ACCME or MSNJ accreditation. Within the context of this definition and limitation, the following types of organizations are eligible for accreditation and free to control the content of CME:

- 501-C Non-profit organizations (*Note: ACCME screens 501c organizations for eligibility. Those that advocate for 'commercial interests' as a 501c organization are not eligible for accreditation in the ACCME system. They cannot serve in the role of joint provider, but they can be a commercial supporter.*)
- Government organizations
- Non-health care related companies
- Liability insurance providers
- Health insurance providers
- Group medical practices
- For-profit hospitals
- For profit rehabilitation centers
- For-profit nursing homes
- Blood banks
- Diagnostic laboratories

ACCME reserves the right to modify this definition and this list of eligible organizations from time to time without notice.

Definition of a Commercial Interest as It Relates to Joint Providership

Commercial interests cannot be accredited providers or joint providers or educational partners. It is the responsibility of accredited providers to ensure that the selection and presentation of CME, educational methods, and activity evaluation is not controlled by commercial interests.

Relevant to SCS2 (Identifying and Resolving Conflicts of Interest)

Financial Relationships: Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as

employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner. (Added March 2005)

With respect to personal financial relationships, “contracted research” includes research funding where the institution gets the grant and manages the funds and the person is the principal or named investigator on the grant. (Added November 2004)

Conflict of Interest: Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship. (Added March 2005)

The ACCME considers **financial relationships** to create actual conflicts of interest in CME when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CME about the products or services of that commercial interest. The ACCME considers “content of CME about the products or services of that commercial interest” to include content about specific agents/devices, but not necessarily about the class of agents/devices, and not necessarily content about the whole disease class in which those agents/devices are used. (Added November 2004)

With respect to **financial relationships** with commercial interests, when a person divests himself or herself of a relationship it is immediately not relevant to conflicts of interest but it must be disclosed to the learners for 12 months. (Added November 2004)

Relevant to SCS3 (Appropriate Use of Commercial Support)

Commercial Support is financial, or in-kind, contributions given by a commercial interest (see Policies relevant to SCS1), which is used to pay all or part of the costs of a CME activity.

An accredited provider can fulfill the expectations of SCS 3.4-3.6 by adopting a previously executed agreement between an accredited provider and a commercial supporter and indicating in writing their acceptance of the terms and conditions specified and the amount of commercial support they will receive.

A provider will be found in Noncompliance with SCS 1.1 and SCS 3.2 if the provider enters into a commercial support agreement where the commercial supporter specifies the manner in which the provider will fulfill the requirements of the ACCME’s Elements, Policies and Standards.

Element 3.12 of the ACCME’s Updated Standards for Commercial Support applies only to physicians whose official residence is in the United States. (Added November 2004)

Relevant to SCS4 (Appropriate Management of Commercial Promotion)

Commercial exhibits and advertisements are promotional activities and not continuing medical education. Therefore, monies paid by commercial interests to providers for these promotional activities are not considered “commercial support”. However, accredited providers are expected to fulfill the requirements of SCS4 and use sound fiscal and business practices with respect to promotional activities.

Relevant to SCS6 (Disclosure to Learners)

Disclosure of information about provider and faculty relationships may be disclosed verbally to participants at a CME activity. When such information is disclosed verbally at a CME activity, providers must be able to supply MSNJ with written verification that appropriate verbal disclosure occurred at the activity. With respect to this written verification:

1. A representative of the provider who was in attendance at the time of the verbal disclosure must attest, in writing:
 - a. that verbal disclosure did occur; and
 - b. itemize the content of the disclosed information (SCS 6.1); or that there was nothing to disclose (SCS 6.2).
2. The documentation that verifies that adequate verbal disclosure did occur must be completed within one month of the activity.

Acknowledgement of Commercial Support

The provider's acknowledgment of commercial support as required by SCS 6.3 and 6.4 may state the name, mission, and areas clinical involvement of an ACCME-defined commercial interest but may not include corporate logos and slogans.

Commercial Exhibits and Advertisements

Commercial exhibits and advertisements are promotional activities and not continuing medical education. Therefore, monies paid by commercial interests to providers for these promotional activities are not considered to be commercial support (rather a business transaction). However, accredited providers are expected to fulfill the requirements of SCS 4 and to use sound fiscal and business practices with respect to promotional activities.

Accreditation Policies

The following policies supplement the MSNJ accreditation requirements

Accreditation Statement

The accreditation statement identifies which MSNJ accredited organization is responsible for demonstrating the CME activity's compliance with all MSNJ accreditation requirements and policies. The accreditation statement must appear on all CME activity materials and brochures distributed by accredited organizations, except that the accreditation statement does not need to be included on initial, save-the-date type activity announcements. Such announcements contain only general, preliminary information about the activity such as the date, location, and title. If more specific information is included, such as faculty and objectives, the accreditation statement must be included.

The MSNJ accreditation statement is as follows:

- **For Directly Provided Activities**
The (name of the accredited provider) is accredited by the Medical Society of New Jersey to provide continuing medical education for physicians.
- **For Jointly Provided Activities**
This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Medical Society of New Jersey (MSNJ) through the joint providership of (name of accredited provider) and (name of non-accredited provider). The (name of accredited provider) is accredited by MSNJ to provide continuing medical education for physicians.

There is no "co-providership" accreditation statement. If two or more accredited providers are working in collaboration on a CME activity, one provider must take responsibility for the compliance of that activity. Co-provided CME activities should use the directly provided activity statement, naming the one accredited provider that is responsible for the activity. MSNJ has no policy regarding specific ways in which providers may acknowledge the involvement of other MSNJ- or ACCME-accredited providers in their CME activities.

Business Procedures and Administrative Support

The accredited provider must operate the business and management policies and procedures of its CME program (as they relate to human resources, financial affairs, and legal obligations), so that its obligations and commitments are met.

The CME committee can be effective only to the extent that it has adequate administrative assistance as well as organizational support. Therefore, responsibility for the operation, continuity, and oversight of administrative aspects of the program should be clearly designated to appropriate personnel within the organization.

CME personnel must be officially identified within the organization's administrative structure and their responsibilities and authority for CME clearly defined.

HIPAA Compliance Attestation

Every provider applying for either for initial accreditation or reaccreditation must attest to the following:

“The materials we submit for reaccreditation (self-study report, activity files, other materials) will not include individually identifiable health information, in accordance with the Health Insurance Portability and Accountability Act (HIPAA), as amended.”

CME Committee

Responsibility for the operation, continuity, and oversight of the CME program must be clearly designated to a committee within the organization. This committee must be clearly identified as an official component of the organization’s overall committee structure. The committee’s responsibilities and authority in the program’s operation, procedures for appointment, and member tenure also must be clearly defined. The committee must meet, minimally, on a quarterly meeting schedule at which official minutes are appropriately recorded and maintained. It should be comprised of members who have an active interest in CME and must be representative of the major specialties and service areas within the organization. Meeting minutes should show that the committee:

- has appropriate control and oversight of the overall CME program;
- assesses and reviews CME needs;
- assures that the activities and their objectives are appropriate in context of the CME mission, needs assessment data, and the target audience;
- Assures that the activities are appropriately designed according to the Essential Areas/ Criteria for Accreditation;
- Reviews and utilizes evaluation data;
- Evaluates the overall CME program in terms of its how well each component of the mission statement was met through analysis of the CME activities and other feedback/ data/information and makes changes to the program to better meet the CME mission or makes changes to the mission based on the analysis.

Minutes should fully reflect discussions relative to CME planning, implementation and review - not just motions and resulting action. The minutes should also document meeting attendance, noting those who are present and absent, time called to order and time of adjournment

Providers who do not have members or a medical staff, must have a physician CME advisory committee composed of physicians who represent the potential audience to be served. Many organizations, particularly large hospitals and medical centers, are involved in a diversity of educational efforts that may include undergraduate and graduate medical education, allied health, nursing, and patient education as well as physician CME. The physician CME program should be distinctly separate from the organization’s other education endeavors. If the committee with responsibility for CME is involved in both CME and graduate medical education, it is preferred that separate meetings occur, and minutes should be kept to clearly separate the dynamics of these two functions.

Administrative Support

The CME committee can be effective only to the extent that it has adequate administrative assistance as well as organizational support. Therefore, responsibility for the operation, continuity, and

oversight of administrative aspects of the program should be clearly designated to appropriate personnel within the organization.

CME personnel must be officially identified within the organization's administrative structure and their responsibilities and authority for CME clearly defined.

CME Content

Definition of CME

Continuing medical education consists of educational activities that serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships a physician uses to provide services for patients, the public, or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.

A broad definition of CME, such as the one found above, recognizes that all continuing educational activities, which assist physicians in carrying out their professional responsibilities more effectively and efficiently, are CME. A course in management would be appropriate CME for physicians responsible for managing a health care facility; a course in educational methodology would be appropriate CME for physicians teaching in a medical school; a course in practice management would be appropriate CME for practitioners interested in providing better service to patients. Not all continuing educational activities that physicians may engage in however are CME. Physicians may participate in worthwhile continuing educational activities that are not related directly to their professional work and these activities are not CME. Continuing educational activities which respond to a physician's non-professional educational need or interest, such as personal financial planning or appreciation of literature or music, are not CME. CME that discusses issues related to coding and reimbursement in a medical practice falls within MSNJ's definition of CME.

All CME educational activities developed and presented by a provider accredited by MSNJ and associated with *AMA PRA Category 1 Credit*™ must be developed and presented in compliance with all MSNJ accreditation requirements - in addition to all the requirements of the AMA PRA program. All activities so designated for, or awarded, credit will be subject to review by the MSNJ accreditation process as verification of fulfillment of the MSNJ accreditation requirements. Please refer to the AMA PRA Booklet for the approved learning formats for which *AMA PRA Category 1 Credit*™ can be certified.

Valid Content in CME

Providers are not eligible for MSNJ accreditation or re-accreditation if they present activities that promote recommendations, treatment, or manners of practicing medicine that are not within the definition of CME; that are known to have risks or dangers that outweigh the benefits; or are known to be ineffective in the treatment of patients. Accredited providers are responsible for validating the clinical content of CME activities that they provide. Specifically,

1. All of the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.

2. All scientific research referred to, reported, or used in CME in support of justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, and analysis.

Content Validity of Enduring Materials

Providers that produce enduring materials must review each enduring material at least once every three years or more frequently if indicated by new scientific developments. So, while providers can review and re-release an enduring material every three years (or more frequently), the enduring material cannot be offered as an accredited activity for more than three years without some review on the part of the provider to ensure that the content is still up-to-date and accurate. The following information must be included on the enduring material:

- The original release date
- The review date and
- A termination date

Policy on Commercial Support

The provider is required to have a written (stand-alone) Policy on Commercial Support.

Enduring Material

An enduring material is an activity that is printed or recorded and does not have a specific time or location designated for participation. Rather, the participant determines where and when to complete the activity. These include print, audio, video, and Internet materials, such as monographs, podcasts, CD-ROMs, DVDs, archived webinars, as well as other web-based activities.

Sometimes providers will create an enduring material from a live CME activity. When this occurs, MSNJ considers the provider to have created two separate activities – one live activity and one enduring material activity. Both activities must comply with all MSNJ requirements.

Enduring materials can be available for less than a year, a year, or multiple years. Each enduring material is counted as one activity for each year it is available, whether it is active for the entire year or part of the year. The accredited provider reports the number of learners who participated during the year, as well as the income and expenses related to the activity for that year. Accredited providers do not report cumulative data for an enduring material spanning multiple years. Additionally, refer to Content Validity of Enduring Materials above.

Note: Effective July 1, 2011, the AMA requires that an enduring material provide an assessment of the learner that measures achievement of the educational purpose and/or objective(s) of the activity with an established minimum performance level: examples include, but are not limited to: a post-test, patient –management case studies, and/or application of new concepts in response to simulated problems.

Note: MSNJ Records Retention policies require providers to verify learner participation and evaluate all CME activities. To accomplish this, accredited providers often choose to include a post-test in their enduring material activities as a way to comply with those two requirements. Please refer to the AMA PRA Booklet for other requirements for enduring materials.

General Program Updates

Accredited providers are responsible for promptly informing MSNJ whenever changes to its program occur. Changes, which must be reported, include, but are not necessarily limited to, the following:

- Turnover in CME committee chair
- Turnover in the provider's ownership, CEO, president, or other administrator with ultimate responsibility for the program
- Turnover, addition, or decrease in CME administrative personnel
- Substantial changes to the program's mission, scope of activities, financing or allocation of resources
- Decision to begin joint providership with non-accredited organizations
- Decision to begin development of enduring materials as CME activities

Hospital System/Multi-Facility Accreditation

In today's changing environment, health care entities may find it more practical and cost effective to establish CME programs on a system-wide rather than an individual facility basis. System accreditation may make it more practical to provide CME activities to physicians practicing in rural or small hospital settings as well as facilitate more effective utilization of educational resources.

To assist organizations in meeting the accreditation requirements and policies in the development and operation of a system-wide or multi-facility CME program, the following criteria supplements the accreditation requirements and policies.

Criterion 1: A common CME mission with system-wide goals to be accomplished through implementation of a centrally coordinated overall CME program must be established. The CME mission should be approved by each facility with final approval by a governing body to which all facilities in the system are accountable. A facility is defined as a component that administratively exists as part of a larger system and initiates CME programming on a regular basis.

Criterion 2: Centralized procedures and established methods to identify, prioritize, and share needs assessment data throughout the system must be established. Patient care and quality improvement data from component facilities should feed into the central system for use in overall program planning as well as for use in developing activities within individual facilities.

In a system accreditation, the overall program is defined by the individual activities and services that are provided throughout the system, whether they be initiated centrally or from facilities within the system. Therefore, annual review of the overall program and its accomplishment of the system's CME mission must be conducted within the context of the system-wide program. Ideally, the central office, with direction from the CME committee, should establish standard methods and formats for the evaluation of individual activities to aid in eventual evaluation of the overall program.

Criterion 3: The overall program must be directed and administered through a centralized committee and staff who have clearly defined responsibility and authority for operation of the overall program. The CME committee must be actively involved in development of the overall program. The committee may not merely function as a clearinghouse for indiscriminate approval of activities generated by component facilities in the system. A well-structured and well-functioning central CME committee will have:

- Appropriate representation from facilities in the system
- Clearly defined authority for control of the program's operation at both the system and local facility levels
- Procedures and policies that allow the committee to establish priorities, evaluate, and approve the development of activities within the context of available resources and the system's CME mission.

An application or other procedures that merely provide for approval of activities after they have been planned within a respective facility does not constitute appropriate control of the program.

While component facilities may require CME subcommittees within the respective facility, these committees should be integral components of the central committee and the chairperson should actively serve on the central committee as the facility's representative. This structure will allow input from each component to assure that needs identified within the facilities are adequately met and will assure that all activities are developed within context of the system's goals and mission as a whole.

Centralized staffing and resources must be adequate to provide hands-on daily oversight of program planning and implementation within the system. A well-structured and well-functioning central CME office will have:

- (a) Sufficient personnel to meet with component planning committees within the system facilities, provide ongoing oversight of compliance with the accreditation requirements and policies, and maintain the documentation required for program files
- (b) Established procedures for central control and approval of all commercial support for CME activities within the system
- (c) Appropriate procedures for training and supervision of staff to which CME duties are delegated within component facilities and defined back up for continuity during staffing changes
- (d) A well-organized system of communication between component facilities
- (e) Procedures and policies to maintain financial accountability for the overall CME program, including budgets and financial statements for component facilities
- (f) Procedures and policies to maintain centralized attendance records for all activities held within the system.

Internet

Live or enduring material activities that are provided via the Internet are considered "Internet CME." Internet CME must comply with all MSNJ accreditation requirements and policies (including the Standards for Commercial Support).

Joint Providership

Joint Providership is the providership of a CME activity by one accredited and one non-accredited organization. Commercial interests may not take the role of a non-accredited joint provider. Beginning to participate in joint providership represents a major change in the overall program of an accredited provider, which must be reported to MSNJ.

While the accredited provider is not obligated to enter into such relationships, the following requirements apply if it chooses to do so:

- The jointly provided activity must be in accordance with the mission of the accredited provider and must utilize specific written policies and operating procedures to effectively govern the planning and implementation of its jointly provided activities. The accredited provider may require that the non-accredited provider meet requirements that are more restrictive than or exceed the minimum requirements of the MSNJ-CME Accreditation Program.
- The accredited provider must be able to document that the activity was planned and presented in compliance with the MSNJ accreditation requirements and policies. In order to acceptably do so, the accredited provider must enter the joint providership arrangement early in the planning process so that disclosure and resolution of conflicts of interest can be accomplished. Materials that demonstrate compliance may be from either the MSNJ accredited provider's files or those of the non-accredited provider.
- In addition to the AMA Credit Designation Statement, all promotional materials for jointly provided activities must carry the jointly provided accreditation statement:

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Medical Society of New Jersey (MSNJ) through the Joint Providership of (name of accredited provider) and (name of non-accredited provider). The (name of the accredited provider) is accredited by MSNJ to provide continuing medical education for physicians.

If a provider is placed on probation, it may not jointly provide CME activities with non-accredited providers, with the exception of those activities that were contracted prior to the probation decision. A provider that is placed on probation must inform MSNJ of all existing joint providership relationships, and must notify its current contracted joint providers of its probationary status.

MSNJ maintains no policy that requires or precludes accredited providers from charging a joint providership fee.

Adopted by MSNJ - September 9, 1997, Revised September 2001

Journal-based CME

Journal-based CME should not be confused with Journal Club. Journal Club is a **live** CME activity organized as a regularly scheduled series engaged in by a group of learners. A journal-based CME activity is an **enduring material** certified CME activity in which an article, published within a peer-reviewed, professional journal is certified for AMA PRA Category 1 Credit™ prior to publication of the journal and engaged by an individual learner.

The American Medical Association has established additional criteria for journal-based CME. Please refer to the AMA PRA Booklet to ensure total compliance.

Mergers or Acquisitions Involving CME-Accredited Organizations

There may be occasions when providers accredited by the Medical Society of New Jersey merge with each other or with non-accredited organizations. The Medical Society of New Jersey Committee on Continuing Education has adopted the following policies regarding mergers and acquisitions involving accredited organizations.

A merger constitutes a significant change to the accredited program. It is the responsibility of the accredited organization to report such a change in writing to the MSNJ – CME Accreditation Program within 4 weeks of the effective date of the merger.

It is the policy of the MSNJ Committee on Continuing Education to counsel and support accredited organizations during a merger. Each case will be reviewed on an individual basis with an intent to prevent disruption in the CME program during the transitional phase.

Accredited providers, however, are responsible for compliance with the accreditation requirements and policies at all times. It is crucial that continuity in programming and committee and staffing management be maintained in an accredited program. Therefore, during the transitional phase of a merger, restructuring should be handled in a manner that will affect the most continuity and the least disruption to a currently functioning program.

In a merger between two or more accredited organizations, all parties should work together to integrate and preserve the strengths and assets from each program.

In situations where a new program is created in the merger with a non-accredited entity, the program will be evaluated as an initial applicant and, if approved, will be granted provisional accreditation.

In situations where a new program is created in the merger of accredited facilities, full accreditation, rather than provisional, may be granted at the discretion of the Committee on Continuing Education. This determination will be based on the accreditation history of the formerly accredited programs, the degree of continuity maintained with the merger, and the extent to which the new program seems likely to continue compliance with the accreditation requirements and policies.

When two or more accredited programs within the same healthcare system choose to consolidate into a single system-wide program, it is understood that the newly created program will not have a system level track record upon which to apply. It is also recognized that the standard application and file review of individual programs would not necessarily be indicative of the new program's ability to successfully operate on a system-wide basis.

Therefore, a modified application process may be used for intra system program consolidation and for mergers involving the consolidation of individual programs into a system accreditation. The modified application will include at least the following sections and elements:

- Institutional Contacts
- Demographic Section

- Program Summary: To describe how the organization proposes to successfully integrate its program; current and future plans and general steps taken to assure continuity and a smooth transition into the new process
- Mission
- Organizational Structure
- Administration
- Standards for Commercial Support: To demonstrate the policies and procedures that will be used to assure central control and oversight of funding support and compliance with the Standards

As a matter of standard procedure, a modified site survey will be scheduled prior to submitting the organization's proposal for accreditation action. The agenda for this process primarily will consist of a meeting between the survey team and the key physicians and representatives of the organization's CME program. The primary purpose of this meeting will be to review and clarify the organization's proposal and plans.

Options will exist for the application review team to recommend a waiver of the site survey if it is felt that a survey would not be productive. Waivers must be approved by the Committee on Medical Education.

Accreditation action will be taken based on the extent to which the organization appears prepared to meet the "MSNJ criteria for System/Multi-Facility Accreditation" and the extent to which there is reasonable expectation that the new program will continue to meet compliance with the accreditation requirements and policies.

Procedures for Handling Complaints against Accredited Providers

Complaints regarding organizations accredited by the Medical Society of New Jersey must be submitted in writing to the MSNJ Committee on Medical Education Accreditation Program, 2 Princess Road, Lawrenceville, NJ 08648. Anonymous complaints will not be considered. The origin of the complaint will remain confidential to agents of the Medical Society of New Jersey's Accreditation Program.

Upon receipt of a properly submitted complaint, the following procedures will be observed.

- CME Department staff person will review the complaint to determine whether it relates to the provider's compliance with the MSNJ accreditation requirements and policies or the manner in which the provider follows accreditation policies.
- If the complaint or inquiry is judged to be unrelated to compliance with the accreditation requirements and policies, the individual initiating the complaint will be notified.
- If the complaint or inquiry is judged to be related to compliance with the accreditation requirements and policies or accreditation policy, the following procedures will be observed:
- Confidentiality of the individual or organization initiating the complaint will be protected in all communications with the provider or related parties.

- CME Department staff will notify the provider's primary CME contact by via e-mail of the nature of the complaint or inquiry. A written explanation with appropriate documentation must be submitted by the provider within 30 days of notification of the complaint or inquiry. Additional information also may be requested from the individual initiating the complaint or from other relevant parties as indicated by the complaint.
- A blind copy of the notification letter to the accredited provider will be sent to the individual initiating the complaint or inquiry.

Upon receipt of the provider's response, the following procedures will be observed:

- If the provider is in the resurvey process or will be up for resurvey within the next impending review cycle, the complaint and the provider's response will be provided to the survey team for review and evaluation in the resurvey process.
- A specific assessment and recommendations regarding the organization's compliance relative to the complaint will be provided to the Accreditation Review Committee as part of the survey team's report.
- If the provider is not up for review in the immediate future, the provider's response will be submitted to the Accreditation Review Committee for review and action at its next regularly scheduled meeting.

The Accreditation Review Committee will submit its recommendations to the Committee on Medical Education. The Committee shall take final action with the following possible results:

Acceptance of the provider's report: The documentation submitted indicates that the provider appears to be in compliance with the accreditation requirements and policies. The report will be filed and made available to reviewers at the provider's next regularly scheduled survey.

Non-acceptance of the provider's report: Based on the documentation submitted, there is concern that the provider may not comply with the accreditation requirements and policies. The Committee's concerns will be specified in the follow-up letter to the provider. The provider will be asked to address the concerns either in a progress report or at the time of the next scheduled review. The committee's action, a copy of the complaint, and the provider's response will be provided to reviewers at the provider's next survey.

Promotion of CME Activities including Save the Date Announcements

Various types of preliminary notices such as calendar listings or **save the date** announcements may be distributed before all details of an activity are confirmed. Such notices contain only general, preliminary information about the activity such as the date, location, and title. If more information that is specific is included, such as faculty and objectives, the accreditation and credit statements must be included. Providers may never indicate that "AMA PRA Category 1 Credit™ has been applied for" or similar wording if the activity has not yet been approved. Refer to the AMA for further detail.

Accreditation Decision & Appeal

DECISION

At the completion of the survey visit, the site team submits its report and recommendations for review by the Accreditation Review Committee (ARC). The report is to be submitted within fifteen (15) days after the survey.

The Accreditation Review Committee (ARC) reviews the survey team report and findings and, in turn, makes a recommendation to the MSNJ Committee on Medical Education. The MSNJ Committee on Medical Education reviews and discusses each site visit report and the recommendations made by the ARC and makes a final determination regarding accreditation of the applicant's CME program. Each applicant that has been surveyed is notified by the MSNJ of its accreditation status within thirty days after the next regularly scheduled meeting of the Committee on Medical Education.

TYPES OF ACCREDITATION

- (1) **Full Accreditation** is awarded to institutions demonstrating the ability and resources to plan and implement CME activities in accordance with the accreditation requirements and policies of the MSNJ. The standard accreditation term shall be for four (4) years and is contingent upon the submission of satisfactory MSNJ Annual CME Program Update Reports, completion of program information into PARS throughout the term and prompt notification of any changes in the accredited program – including program leadership and staffing changes. Programs may be granted **Accreditation with Commendation** which is for a term of six (6) years if the provider is found to be in compliance with all criteria 1-13 and the additional criterion for commendation. **An accreditation of less than 6 years does not constitute an adverse decision.**
- (2) **Provisional Accreditation** is granted to new applicants who satisfy accreditation standards and are approved by the MSNJ Committee on Medical Education, are awarded provisional accreditation status. This is for a two (2) year term of accreditation requiring resurvey before termination of the two year period. This accreditation is also contingent on providing a satisfactory Annual CME Program Update Report of the CME program and completion of PARS entries. Provisional accreditation is not renewable after the initial term.
- (3) **Probationary Accreditation** is granted when an accredited institution has developed correctable deficiencies and is not in substantial compliance with the accreditation requirements and policies of the MSNJ. The institution is given a period of ninety days to submit a corrective plan of action. Failure to do so results in loss of accreditation. If the corrective plan of action is approved by the MSNJ Committee on Medical Education, and subsequent progress and/or annual report(s) are also satisfactory, the provider's accreditation status will be changed to full accreditation and the provider will be able to complete its four-year term. Providers granted Probationary Accreditation who fail to demonstrate compliance with all MSNJ requirements within two years will receive Non-Accreditation.
- (4) **Non-Accreditation** is the status given to new applicant institutions failing to meet accreditation criteria, to accredited institutions that no longer meet the criteria after a probationary period, or to institutions that fail to comply with the accreditation review process in a timely fashion.

RECONSIDERATION/APPEAL

Only adverse decisions of the committee are subject to reconsideration and appeal. An adverse decision is limited to denial of accreditation (non-accreditation) or probation.

When accreditation is denied or when an institution is placed on probation, the MSNJ Committee on Medical Education will notify the institution by mail*. The letter will list the reasons for non-accreditation or probation. The institution may submit a request for reconsideration to the MSNJ Committee on Medical Education within thirty days of receipt of notification.*

The request must cite the conditions under which the request for reconsideration is being filed and provide written information and documentation to substantiate the request. If a request for reconsideration is properly filed, the applicant institution's accreditation status will remain as it was prior to the survey, pending action taken by the MSNJ Committee on Continuing Medical Education on the request. (This is also the case if an applicant institution files an appeal.)

Conditions for Reconsideration/Appeal - Requests for reconsideration should be filed only under one or more of the following conditions:

- The Committee's decision was based on the evaluation of arbitrary factors not addressed in written requirements of the Essential Areas, Policies or guidelines as published and distributed to all accredited sponsors prior to the time of the review.
- The institution was not given sufficient opportunity to provide documentation of its compliance with the Essential Areas, Standards, Policies, or guidelines.
- The adverse decision was not supported by sufficient evidence that the institution was significantly out of compliance with written requirements of the Essential Areas, Standards, Policies, or guidelines.

The request must be based on written documentation and conditions that existed at the time of the self-study review and survey.

The MSNJ Committee on Medical Education will consider this request at its next regularly scheduled meeting, and if it sustains the adverse decision, the applicant institution will be notified via tracked delivery. The applicant institution will have thirty days from receipt of notification to submit a written request for a formal appeal.*

A request for a formal appeal may be filed only under one or more of the conditions listed above. The request for appeal must cite the conditions under which the request is being filed and provide written information and documentation to substantiate the request.

When a formal appeal is submitted, via certified mail, the MSNJ Committee on Medical Education, upon receipt of supporting information and documentation, will notify the institution within thirty days*, of a hearing date with the Appeals Review Team. The Appeals Review Team will consist of at least two members from the MSNJ Committee on Medical Education and two consultants (**none of whom participated in the original site survey**). If the decision remains unfavorable, a final appeal may be made to the Board of Trustees within thirty days*. The MSNJ's Board of Trustees functions as the final authority to hear and decide on appeals.

The MSNJ Board of Trustees will appoint a special review committee to review the appeal and the previous report of the Appeals Review Team of the MSNJ Committee on Medical Education. They will issue a final decision within ninety days of receipt of the appeal, defined as the date of the Board of Trustees meeting when the appeal was presented.

CME providers who have lost their accreditation may reapply as new applicants after a six (6) month period during which they demonstrate their ability to fully comply with Essential Areas and Policies.

Both the reconsideration and appeal process will be based on the status of the program and associated documentation that existed at the time of the survey and not on changes or corrective actions taken since the survey. If an institution wants changes or corrective actions taken subsequent to the survey to be considered, it must submit a new Self-Study report. Any action based on a request for reconsideration or appeal will be retroactive to the date of the survey.

Non-accreditation decisions delivered as a result of administrative issues such as failure to submit fees are not eligible to the Reconsideration and Appeals Process.

** delivered via any delivery service that provides delivery tracking; date is defined as the delivery date recorded by the delivery service.*

Regularly Scheduled Series (RSS's)

Medical Society of New Jersey defines “regularly scheduled series”, as activity that is planned as a series with multiple, ongoing sessions, e.g., offered weekly, monthly or quarterly and is primarily planned by and presented to the provider’s professional staff. Examples include grand rounds, tumor boards, and morbidity and mortality conferences. RSS’ must comply with all MSNJ accreditation requirements and policies (including the Standards for Commercial Support).

CME Activity and Attendance Records Retention

All accredited providers must maintain specific CME activity records. Records retention requirements relate to the following two topics: Attendance/Credit Award Records and Activity Documentation.

1. Attendance Records: An accredited provider must have mechanisms in place to record and, when authorized by the participating physician, verify activity participation and the credits awarded to the physician for six years from the date of the CME activity. The accredited provider is free to choose whatever registration method works best for their organization and learners. Specific information is to be maintained for physician participants: name of the physician, title of the activity, format of the activity, location where the activity took place, the date the activity took place and the number of credits claimed and awarded to the physician.

2. Activity Documentation: An accredited provider is required to retain activity files/records of CME activity planning and presentation during the current accreditation term. Maintenance of this documentation enables the provider to show MSNJ at the time of reaccreditation how the activities it provided during its current term of accreditation were compliant with MSNJ's Essential Areas/Elements, Standards and Policies. For guidance on the nature of documentation that MSNJ will expect to review at the time of reaccreditation, review the MSNJ's Documentation Review for a CME Activity Form that the survey team uses, as well as the Documentation Review File Labels, which providers will use to identify evidence of compliance within their files/records.

Additionally, if MSNJ should receive a complaint about an accredited provider, and the complaint relates to the provider's implementation of one or more of the accreditation requirements or policies, MSNJ may ask the provider to respond to the complaint according to MSNJ's Procedure for Handling Complaints/Inquiries Regarding MSNJ Accredited Providers ("the Procedure"). The length of time during which an accredited provider must be accountable for any complaint/inquiry received by the MSNJ is limited to twelve months from the date of the activity, or in the case of a series, twelve months from the date of the activity that is in question. Information and correspondence generated via the Procedure is maintained as confidential.

MSNJ Annual Reporting and PARS

MSNJ-accredited providers must submit an annual report for their CME program to the ACCME online reporting system on or before February 28 each year. This data is submitted on-line through the Program and Activity Report System (PARS) on ACCME’s website (www.accme.org). Providers will need to confirm/update organizational contact information and complete entry of activity and program summary data for the prior year. For example, the data due by February 28, 2014 will be for 2013 activity and program data.

MSNJ-accredited providers that do not meet the year-end reporting requirements by the due date are subject to a change of their accreditation status to Probation

The data you submit regarding your program and activities enable the ACCME to produce Annual Report Data, which offers a comprehensive analysis of the size and scope of the CME enterprise nationwide, presenting statistics on CME program revenue, funding, participants, activities, and activity formats. The annual report data is published annually as a service to accredited providers, other stakeholders, and the public.

MSNJ-accredited providers may access PARS at www.accme.org via the “For Providers” section of the ACCME website. You will access your organization’s account with your e-mail address and your organization’s Provider ID. Please contact the MSNJ CME Accreditation Program office if you need assistance with this information

Informational: Formulating Objectives

Objectives communicate expectations for an activity or course of action. These explicit statements provide a context for what will be learned. There are both discipline-specific (knowledge, skills, attitudes, and behaviors) and non-discipline-specific (communication and presentation skills, moral values, and ethics) objectives. Objectives can help participants clarify their personal goals for an activity and provide a framework against which to measure their success.

Explicit objectives are important for a number of reasons. First, when clearly defined objectives are lacking, there is no sound basis for the selection of instructional materials, content, or methods. If you don't know where you're going, it is difficult to select a suitable means for getting there. Instructors/faculty simply function in a fog unless they know what they want the participants to accomplish as a result of their instruction.

A second important reason for stating objectives has to do with finding out whether the objective has, in fact, been accomplished. Evaluations, tests, or examinations are the mileposts along the road of learning and should tell instructors and participants alike whether they have been successful in achieving the activity objectives. But unless the objectives are clearly and firmly fixed in the minds of both parties, tests/evaluations are at best misleading; at worst, they are irrelevant, unfair, or uninformative.

A third advantage of clearly defined objectives is that they provide participants with the means to organize their own efforts toward accomplishment of those objectives.

Objectives are an integral part of a well-designed course. Writing objectives helps to organize the content and to divide the activity into units of information. Objectives state the specific criteria of acceptable performance, or "learning outcomes", to be achieved by a participant. By stating the criteria, participants can understand the requirements and focus their learning activities appropriately. Clear, definable objectives can be used as indicators of success, and will help participants recognize their progress.

Objectives need to be organized in such a way as to be useful to the participant and the faculty. To accomplish this, objectives need to be written as participant learning outcome statements. Learning objectives should be measurable and observable and written to answer the question "What must the participant do to prove that he/she has succeeded?" or "What should a participant be able to do as a result of instruction/participation?"

Develop objectives per the expected results of the CME Mission.

The three essential elements of learning objectives are a statement of who (the learner), how (the action verb), and what (the content):

WHO	HOW	WHAT
The learner will be able	To name	The three elements in the management of perennial rhinitis
The participants will be able	To identify	The psychosocial factors important in the development of the child abuse syndrome
The physician will be able	To explain	The dangers of using hexachlorophene in skin prophylaxis of the newborn
The healthcare provider will be able	To perform	CPR

EXAMPLES OF "HOW"

To apply	To create	To employ	To list	To relate
To arrange	To describe	To evaluate	To name	To review
To assess	To defend	To explain	To organize	To report
To categorize	To diagram	To formulate	To predict	To sort
To classify	To discuss	To illustrate	To prepare	To solve problems
To contrast	To discriminate	To integrate	To recall	To translate
To construct	To distinguish	To interpret	To recognize	To update

EXAMPLES OF "WHAT"

Consider adding performance standards to your learning objectives. Wording that describes acceptable standards might include:

- in a fifteen-minute time period
- with no mistakes
- with 98% accuracy
- getting 22 out of 25 correct

Define the criteria or conditions under which the learning is to be demonstrated. Wording that describes learning conditions might include:

- Given a problem of the following type...
- Without the use of any reference materials...
- Using a specific instrument.

Then list however many objectives (usually not more than five). While too few may not provide enough information about the learning opportunity, too many may be confusing and overwhelm the potential participants.

WORDS TO AVOID: Avoid the following words, as they are open to many interpretations

Appreciate	Believe	Have faith in
Know	Learn	Understand

The following **action verbs** have been found to be effective in formulating educational objectives:

VERBS THAT COMMUNICATE KNOWLEDGE:

INFORMATION

Cite	Count	Define	Describe
Draw	Identify	List	Name
Point	Quote	Read	Recall
Recite	Recognize	Record	Relate
Repeat	Select	State	Summarize
Tabulate	Tell	Trace	Underline
Update	Write		

COMPREHENSION

Assess	Associate	Classify	Compare
Compute	Contrast	Demonstrate	Describe
Differentiate	Discuss	Distinguish	Estimate
Explain	Express	Extrapolate	Interpolate
Interpret	Locate	Predict	Report
Restate	Review	Translate	

APPLICATION

Apply	Calculate	Choose	Complete
Demonstrate	Develop	Employ	Examine
Illustrate	Interpolate	Interpret	Locate
Match	Operate	Order	Practice
Predict	Prescribe	Relate	Report
Restate	Review	Schedule	Select
Sketch	Solve	Translate	Treat
Use	Utilize		

ANALYSIS

Analyze	Appraise	Contract	Contrast
Criticize	Debate	Deduce	Detect
Diagram	Differentiate	Distinguish	Experiment
Infer	Inspect	Inventory	Measure
Question	Separate	Summarize	

SYNTHESIS

Arrange	Assemble	Collect	Combine
Compose	Construct	Create	Design
Detect	Document	Formulate	Generalize
Integrate	Manage	Organize	Plan
Prepare	Prescribe	Produce	Propose
Set up	Specify	Validate	

EVALUATION

Appraise	Assess	Choose	Compare
Critique	Decide	Determine	Estimate
Evaluate	Grade	Judge	Measure
Rank	Rate	Recommend	Revise
Score	Select	Test	

VERBS THAT IMPART SKILLS:

Demonstrate	Diagnose	Diagram	Empathize
Hold	Integrate	Record	Listen
Massage	Measure	Operate	Palpate
Pass	Percuss	Project	
Reflect	Visualize	Write	

Informational: Regularly Scheduled Series (RSS)

A Process for CME activities such as Tumor Board, Morbidity/Mortality, and other types of case-review also referred to as regularly scheduled conferences.

How does the Accreditation Criteria affect the sessions within their Regularly Scheduled Series (RSS), such as Grand Rounds?

Accredited providers will continue to decide what they are trying to accomplish through their regularly scheduled series.

Those who have access to data and information about the professional practice gaps of their own institution's learners will have the opportunity to decide if changing knowledge, competence, or performance will be their goal (Criterion 2). They will be able to design their series to meet these objectives (Criterion 3) and to use the same measurement tools that identified the gaps (Criterion 2) as measurements of effectiveness (Criteria 11 and 12).

Those providers who do not yet have access to data and information about the professional practice gaps of their own learners, may want to use these sessions to get that information.

Here is how this might work. **Regularly scheduled series** often provide "Updates" to the medical staff on specialty or sub-specialty areas of medicine. These Updates can be used to help physicians recognize the 'quality gap' within their own competence, performance, or patient outcomes. The 'evaluation' of the activities can be used to help physicians identify aspects of their own knowledge, competence or performance that needs to change – which can translate into needs data for the provider.

For example,

To assess knowledge- based needs, the provider might ask the physician learner: "From what you heard today, on which aspects of this clinical problem do you need more information before you feel you can change your approach to the diagnosis or management of this clinical problem?"

To assess competence- based needs, the provider might ask the physician learner: "From what you heard today, which practice strategies can we help you develop, or expand, regarding this clinical problem?"

To assess performance- based needs, the provider might ask the physician learner: "Upon reflection or from your own audit of your practice, how often do you approach a patient in the manner describe in this presentation? What can this CME program do to help you change your practices?"

To assess the learner patient outcomes, the provider might ask the physician learner: "From what you heard today, your patients get the best possible outcomes from your treatment, as described in the presentation? What can this C ME program do to help you change your patients' outcomes?"

The aggregated data from these responses will contribute to the provider's analysis of hoped for changes in learners' competence, performance, or patient outcomes that could be achieved by future activities/educational interventions.

How can small providers be expected to produce data on patient outcomes and evaluate the impact of CME on patient outcomes? This seems impossible.

The accreditation criteria do not require that CME providers measure patient outcomes -- neither in needs assessment nor in the evaluation phase of CME activities. The accreditation criteria require providers to base their education activities on practice-based needs and to measure educational outcomes in terms of change -- in competence or performance-in-practice, or patient outcomes. Each provider will decide, and may already have decided, their CME mission in the context of the accreditation criteria. Will they want to support changes in physicians' abilities or performance? Or will the provider support changes to patient outcomes? Any of these three CME missions is in keeping with the accreditation criteria.



Definition– A series typically offered in one-hour sessions, recurring either weekly or monthly, and are primarily planned by and presented to the provider's professional staff and designated for credit as one activity. Examples are grand rounds, case conferences, tumor boards, and teaching conferences. The format does not change and usually maintains the same time-period, meeting day, structure, etc., for the duration of the series.

EDUCATIONAL NEEDS (DERIVED FROM PROFESSIONAL "PRACTICE GAPS")

Sources:

- Current or recent patient activity with interesting, unexpected, adverse or otherwise instructive outcomes or aspects
- Quality Assurance (QA)/Quality Improvement (QI) data (local, regional, or national)
- Autopsy data
- Drug utilization data
- Current literature, professional or lay (e.g., recent publicity given to increased morbidity and mortality from asthma would justify presentation of patient summaries with specific teaching points about asthma)

ACTIVITIES: GUIDELINES FOR "ONGOING" OBJECTIVES

Learning objectives can be useful in demonstrating and defining ongoing CME activities. Since it is usually the nature of ongoing programs to not have topics planned for all sessions prior to the beginning of the year, it is essential that the framework of the program be well described. If this is accomplished (including sufficient detail of the planning activities, the methodology used in subject selection, and a definition of the scope of the program), the objectives do not need to be topic specific. Rather they can provide the framework for demonstrating the planning of the activity.

If the program scope is not defined, then it becomes necessary to list all the topical areas to be covered and the objectives that apply to each topic. Defining the scope of the activity demonstrates the results of the planning function and the results of the needs assessment.

The general objectives therefore need to include three components:

1. **Time** (e.g. *"Over the next twelve months"*),
2. **Scope** (e.g. *"Patients presenting with uncommon symptoms or presentations of common Problems encountered by a specific category of physician, and*
3. **Objectives** The following are only examples of appropriate descriptions and objectives to assist activity developers in their planning and documentation.

Generally, ongoing activities fall into three separate categories:

1. **PATIENT ORIENTED SERIES** - A patient case acts as the trigger for a presentation, discussion, or problem solving activity relative to a specific medical subject or topic, or health problem. Examples include Morbidity & Mortality Rounds and Tumor Boards. The emphasis in these conferences is usually problem-solving and clinical decision-making activities. Evidence-based medicine is key to providing a quality learning activity. These conferences are also useful to introduce, and emphasize the importance of appropriate resource management and cost effective, efficient care.

To meet the requirement of a "planned activity," the scope of what problems, topics, and subjects will be covered in a defined time period needs to be determined and stated.

Example: Tumor Board

Time: *Over a one-year period*

Scope: *Pattern problems covering the areas commonly seen by primary care physicians.*

Objectives: *For the topics to be covered the participant will be able to:*

- *Correlate Clinical diagnosis with pathologic, radiologic, and surgical finding*
- *Discuss the staging and grading of the specific presented tumors*
- *List the treatment options for specific presented problems, and*
- *Identify the psychosocial aspects, and how they affect treatment*

2. **SUBJECT ORIENTED SERIES** - A topical series based on a needs assessment in which some aspect(s) of a discipline, specialty, or subspecialty is covered. The teaching/ learning techniques used are usually lecture, lecture/discussion, and panel discussions. The usual activities that seem to fit best in this category are activities like Grand Rounds, Visiting Professor Lectures, and Clinical Updates. Since they are not patient based, it is usually easier to define the scope of the program prospectively. This type of series is an appropriate place to include topics on managed care, cost effectiveness, quality improvement, and various forms of clinical practice guidelines.

Example: Grand Rounds

Time: *One year on a weekly basis*

Scope: *The major topics which are commonly seen by generalist physicians (based upon the incidence of disease, value of early diagnosis and timely treatment and effects on the population in general are selection criteria which are important to the physician)*

Objectives: *After participating in this activity, learners should be able to:*

- *Relate current concepts of pathophysiology,*
- *Cite established and new strategies in diagnosis*
- *Discuss management, and future directions of treatment, and*
- *When applicable, list methods of presentation and/or early diagnosis.*

3. **COMBINED PATIENT/SUBJECT ORIENTED SERIES** - In recent years it has become common to alter the form of an ongoing series to try to deal with more didactic material in the same setting as patient related and problem solving sessions. The variety in a single program is thought by some to maintain participant interest. This kind of program enables more variety in teaching/learning methods as well and this may have a role in the maintenance of interest. With physician time commitments being so tight some physicians feel that this is more efficient use of their time.

Example: Uncommon Presentations of Common Problems and/or Common Presentations of Uncommon Problems

Time: *One year*

Scope: *Unusual presentations of common patient problems seen by the primary care physician*

Objectives: *After participating in this activity, one should be able to:*

- *List the common health problems that have recognized unusual clusters of clinical manifestations.*
- *Explain the pathophysiology of these clinical manifestation clusters.*
- *Describe the initial step of management for these conditions, and indicate the criteria for necessary consultation and/or referral*



An understanding of the Accreditation Criteria and MSNJ policies for accreditation is required for CME activity planners. It is recommended that the activity planner for case conferences be appointed to serve on the CME committee.

PLANNING FOR CASE CONFERENCES

1. A case conference series may be reviewed for *AMA PRA Category 1 Credit™* by a CME Committee on a yearly basis when appropriate. Identification of a practice performance gap, description of a learning need, global objectives, and an evaluation plan are required criteria for *AMA PRA Category 1 Credit™*. When a case conference focuses on a specific clinical area, annual global objectives may be appropriate. However, when topics within a case conference vary widely, objectives for each session may be necessary. The CME Committee will determine the appropriateness of specific activity or global objectives.
2. In addition to an overall plan, each session of a case conference must be pre-planned. Cases may be selected for presentation based on complexity, unusual manifestations of the disease, complications, focused review/update, or special interest. Case presentations usually include the patient's medical history, clinical findings, diagnostic studies, therapy modalities, research data, and other relevant information.
3. A planner or moderator must be designated for each session. That person is responsible for ensuring that selected cases include all relevant information, that appropriate specialists and other healthcare team members are invited to attend, and to lead the discussion. Where possible, including a health science librarian to provide an applicable bibliography will enhance the session.
4. No more than 3 cases or themes illustrated by specific cases should be provided in an hour. The selection of cases must be based on educational needs of the institution's staff. Quality improvement data, review of standards of care, identified problems, and special projects to review care are sources for case selection.
5. Each case conference series or Regularly Scheduled Series (RSS) must implement an evaluation plan to assess outcomes such as the extent to which learning objectives were met and how to improve future sessions. Evaluations must include an assessment of the ways that participants will use new learning in practice.
6. Each session of an RSS must comply with the ACCME Standards for Commercial Support and MSNJ policies related to activity planning and disclosures of relationships with commercial interests and commercial support.

7. Case conferences that are awarded *AMA PRA Category 1 Credit™* must use the appropriate designation and accreditation statements on all activity materials.

Note: MSNJ does not follow the ACCME's policies regarding the *monitoring* of Regularly Scheduled Series (RSS). MSNJ expects that RSS activities be reported as RSS activity types with sessions but requires that they be treated like courses regarding evaluation for evaluation.

Informational: Learning From Teaching CME Activities

In January 2006, the American Medical Association (AMA) shifted to allow accredited providers to award *AMA PRA Category 1 Credit™* to faculty for teaching at their designated live activities. In response, the ACCME directed that *AMA PRA Category 1 Credit™* could only be awarded as a result of “learning” from an activity that has been developed like any other designated CME activity and according to the accreditation criteria and policies for CME. The MSNJ-CME Accreditation Program follows this directive as well. Note: For a fee, the AMA still awards credits for teaching through their Direct Credit application, which can be found on their website.

What are MSNJ's expectations of providers that would like to offer "teaching in CME activities" as a CME activity?

MSNJ expects that all CME activities, including an activity based on preparing to teach in live CME activities and any of the new formats of CME, will be implemented within the current framework of the MSNJ accreditation requirements, i.e., the educational and organizational requirements as well as the Standards for Commercial Support. The MSNJ will seek information and verification of performance in practice of provider compliance with MSNJ accreditation requirements at the time of reaccreditation.

What does the MSNJ expect from Providers who award credit for teaching in CME activities?

Providers who award credit for teaching in CME activities must recognize that they are now building an educational activity that must meet the requirements of the MSNJ. Every activity needs to comply with all applicable MSNJ requirements. MSNJ accredited providers have the ability to designate CME activities for *AMA PRA Category 1 Credit™*. The American Medical Association (AMA) defines what kinds of activities are eligible for credit. MSNJ accredited providers add value for participants by the facilitation and measurement of learning through the application of the MSNJ Essential Areas/Elements, Standards and Policies. Accredited CME providers can now designate credit for teaching in CME, internet searching and learning, test item writing, manuscript review and performance improvement activities, in addition to live activities (including some committee learning), enduring materials, and journal-based continuing medical education. The MSNJ supports AMA efforts, which address the need for a continuing medical education credit and accreditation system that recognizes a) the variety of formats in which physicians learn and b) the added value of the delivery of these educational interventions through accredited CME providers. The MSNJ's educational and organizational requirements, including the ACCME Standards for Commercial SupportSM, can be applied to all formats of CME activities. When an MSNJ accredited provider designates an educational activity for *AMA PRA Category 1 Credit™*, it does so under the umbrella of the MSNJ accreditation statement.

"Learning from Teaching" is a relatively new activity format. An accredited provider might choose to make one activity for all faculties throughout the year, thus making the documentation for the activity more centralized. Whatever the manner of record keeping, it is MSNJ's expectation that these activities will comply with the accreditation requirements, equal to any other format of activity offered by an accredited provider.

Why can't we just award credit to faculty for teaching or writing in an activity certified for credit?

Teachers and authors provide the link between learner needs and expected results. Faculty is chosen for their ability to facilitate learning in order to achieve the expected result of the activity. Implicit in one's role as faculty is the expectation that the teacher/author's expertise and skill is the same as the purpose or objective of the activity. In other words, the teacher's starting point is the learner's end. CME is about learning and change. It is about improvements in competence, or performance, or patient outcomes.

Accredited providers, therefore, need to find a way to facilitate improvements of the teachers and authors who receive credit. This is applicable to all formats of CME. **Following is one example of a process for this activity type:**

CME Activity Type: Learning from Teaching – (Credit for teaching at an activity designated for *AMA PRA Category 1 Credit*[™] designed and implemented as a Regularly Scheduled Series (RSS)).

Statement of Need:

In discussions with faculty, the (Name of Accredited Provider) finds that presenters preparing to teach at CME activities need to perform a self-assessment of their current knowledge of the assigned topic. Presenters routinely need to update their current knowledge through literature review, professional relationships, to assure they are presenting the most recent, evidenced-based, scientifically vigorous information.

Learning objectives for teaching credit:

- Assess current literature on the assigned topic;
- Incorporate new information into one's current body of knowledge;
- Apply knowledge about the assigned topic to clinically or professionally relevant situations; and
- Reflect on the appropriate ways to structure the learning activity for a given audience.

Design:

Working independently, presenters will conduct literature reviews, synthesize information from a variety of sources, and make determinations of the available evidence for clinical recommendations.

Evaluation:

All presenters at (Name of Accredited Provider) sponsored CME activities will be asked to complete an evaluation survey.

Obtaining Credit for Teaching:

In order to earn credit for teaching at (Name of Accredited Provider) a sponsored CME activity, presenters must review the needs, objectives, and educational design information above. In addition, they must complete a conflict of interest/disclosure form, making sure to indicate the length of the presentation where indicated.

Accreditation Statement:

(Name of Accredited Provider) is accredited by the MSNJ to provide continuing medical education for physicians.

AMA Credit Designation Statement:

(Name of Accredited Provider) designates this live activity for a maximum of ** *AMA PRA Category 1 Credit(s)*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**The AMA allows that the number of credits claimed can be equal to twice the length of the presentation (for example, for a 45-minute presentation, may be awarded 1.5 credits. Presenters may only claim credit for the first time a presentation is given).

Evaluation: A completed Evaluation Form (attached) must be submitted in order to be awarded *AMA PRA Category 1 Credit*[™].

**LEARNING FROM TEACHING ACTIVITY
EVALUATION FORM
(Example)**

1. Name/Degree: _____

2. For Tracking - Last 4 digits of your SS# _____ - _____ - _____ - _____

3. Date of Presentation: _____

4. Title of Presentation: _____

5. Type of Presentation: Grand Rounds Live Seminar

6. **What resources did you use in preparation for your presentation? (check all that apply)**

- Standard Text Book Systematic Reviews
 Clinical Decision Support Tools Peer Reviewed Journal
 Web Based Resources Enduring Materials
 Clinical Guidelines Other _____

7. **Please indicate the extent to which Learning Objectives were met:**

	Extremely Well	Well	Somewhat	Not at all
a. Assess current literature on the assigned topic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Incorporate new information into your current body of knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Apply knowledge about the assigned topic to clinically or professionally relevant situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Reflect on the appropriate ways to Structure the learning activity for a given audience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Objectives of this activity were met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Content was relevant to your practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Participation in this activity changed your knowledge and or attitudes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. This activity changed your skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. You will make a change in your practice as a result of participation in this activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. **Which ONE of the following best describes the impact of this activity on your performance**

- This program will not change my behavior because my current practice is consistent with what was taught
 This activity will not change my behavior because I do not agree with the information presented
 I need more information before I can change my practice behavior
 I will immediately implement some of the information into my practice

9. **What action(s) will you take as a result of participating in this educational activity? (check all that apply)**

- Discuss new information with other professionals
 Consult the literature
 Discuss with industry representative(s)
 Participate in another educational activity
 Other _____
 None

Signature _____ Date _____

MSNJ GLOSSARY

Please Note: The purpose of this glossary is to explain how the ACCME/MSNJ uses terms, definitions, and references within the accreditation system. These terms may have other meanings outside the ACCME/MSNJ.

Terms

ACCME-accredited provider: An organization accredited by the ACCME as a provider of continuing medical education. ACCME-accredited providers represent a range of organizational types and offer CME primarily to national or international audiences of physicians and other healthcare professionals.

ACCME Recognized Accreditors: State and territory medical societies recognized by the ACCME as accreditors of intrastate providers. To achieve recognition, a state or territory medical society must meet the ACCME requirements, the Markers of Equivalency.

Accreditation: The standard, four-year term awarded to accredited CME providers that meet the appropriate ACCME/MSNJ requirements. Accreditation is awarded by either the ACCME or an ACCME Recognized Accreditor.

Accreditation Council for Continuing Medical Education (ACCME): A nonprofit corporation based in Chicago, responsible for accrediting institutions that offer continuing medical education (CME) to physicians and other healthcare professionals. The ACCME also has a system for recognizing state medical societies as accreditors for local organizations offering CME. The ACCME's mission is to identify, develop, and promote rigorous national standards for quality CME that improves physician performance and medical care for patients and their communities. ACCME accreditation is a voluntary, self-regulatory system.

The ACCME's seven member organizations are the American Board of Medical Specialties (ABMS), the American Hospital Association (AHA), the American Medical Association (AMA), the Association of American Medical Colleges (AAMC), the Association for Hospital Medical Education (AHME), the Council of Medical Specialty Societies (CMSS), and the Federation of State Medical Boards of the United States (FSMB).

Accreditation Criteria: The requirements against which CME providers' compliance is determined in order to achieve or maintain accreditation. To achieve Provisional Accreditation, accompanied by a two-year term, providers must comply with Criteria 1, 2, 3, and 7–12. Providers seeking full Accreditation or reaccreditation with a four-year term must comply with Criteria 1–13. To achieve Accreditation with Commendation, along with a six-year term, providers must demonstrate compliance with all Criteria.

Accreditation Decisions: The decisions made by the ACCME or an ACCME Recognized Accreditor concerning the accreditation status of CME providers. There are five options for accreditation status: Provisional Accreditation, Accreditation, Accreditation with Commendation, Probation, and Nonaccreditation.

Accreditation interview: A step in the accreditation and reaccreditation process. A team of two volunteer surveyors reviews the CME provider's self-study report and performance-in-practice files, and then meets with the provider for the interview portion of the reaccreditation process. The purpose of the interview is for the provider to explain how the CME program fulfills accreditation requirements, and to discuss its strengths, accomplishments, and challenges.

Accreditation Review Committee (ARC): The volunteer committee that reviews and analyzes the materials submitted by CME providers and surveyors to determine providers' compliance with the ACCME Accreditation Criteria and policies. Based on this review, the ARC makes recommendations about accreditation decisions to the ACCME Decision Committee. ARC members are experienced CME professionals who are nominated by one of the ACCME's member organizations and elected by the ACCME Board of Directors.

Accreditation statement: The standard statement that must appear on all CME activity materials and brochures distributed by accredited providers. There are two variations of the statement; one for directly

provided activities and for one jointly provided activities. For more information, see the Accreditation Statement Policy.

Accreditation interview: One of the steps in the initial/reaccreditation process. After reviewing the CME provider's self-study report and performance-in-practice files, volunteer surveyors meet with the provider. The purpose of the interview is for the provider to explain how the CME program fulfills accreditation requirements, and to discuss its strengths, accomplishments, and challenges.

Accreditation with Commendation: The highest accreditation status, accompanied by a six-year term of accreditation. Accreditation with Commendation is available only to providers seeking reaccreditation, not to initial applicants. Providers must demonstrate compliance with all Accreditation Criteria to achieve Accreditation with Commendation.

Accredited CME: The term used to refer to those activities in continuing medical education that have been deemed to meet the requirements and standards of a CME accrediting body (e.g., the Accreditation Council for Continuing Medical Education (ACCME), the American Osteopathic Association, the American Academy of Family Physicians). When the ACCME uses the term *accredited CME* in its documents and processes it is referring to activities and programs within the ACCME's accreditation system. This includes CME providers directly accredited by the ACCME, as well as providers accredited by ACCME Recognized Accreditors (state/territory medical societies). The MSNJ, as an accrediting body, is responsible and accountable only for the accredited CME presented under the umbrella of an ACCME or ACCME Recognized Accreditor accreditation statement. When the MSNJ uses the term accredited CME it does not intend to dictate any rules or obligations of the CME accredited under the auspices of other accreditors, such as the American Osteopathic Association or the American Academy of Family Physicians.

Accredited CME provider: An organization accredited by the ACCME or an ACCME Recognized State Medical Society.. See also *intrastate provider*.

Activity: A CME activity is an educational offering that is planned, implemented, and evaluated in accordance with the Accreditation Criteria and accreditation policies.

American Board of Medical Specialties (ABMS): The ABMS is a member organization of the Accreditation Council for Continuing Medical Education. The ABMS nominates two individuals for election to the ACCME Board of Directors.

American Hospital Association (AHA): The AHA is a member organization of the Accreditation Council for Continuing Medical Education. The AHA nominates two individuals for election to the ACCME Board of Directors.

American Medical Association (AMA): The AMA is a member organization of the Accreditation Council for Continuing Medical Education. The AMA nominates two individuals for election to the ACCME Board of Directors.

Annual Reports

1. MSNJ Annual CME Program Update Report

Providers are required to submit an annual report providing information and examples pertaining to the conduct of their CME program over the year. This is different than the information required for PARS.

2. ACCME Annual Report

Accredited Providers are required to enter data about their CME activities via the ACCME's Program and Activity Reporting System (PARS). This information includes summary data about the numbers and types of CME activities, the hours of instruction, the numbers of physician and non-physician participants, and commercial support, if applicable. The ACCME analyzes this data to monitor changes in individual CME programs as well as to assess trends across the CME enterprise. Each

year, the ACCME publishes the aggregated information, offering a comprehensive analysis of the size and scope of the CME enterprise nationwide.

Commercial Bias: Content or format in a CME activity or its related materials that promotes the products or business lines of an ACCME-defined commercial interest.

Commercial Interest: A commercial interest, as defined by the ACCME, is any entity producing, marketing, re-selling, or distributing healthcare goods or services consumed by, or used on, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests. A commercial interest is not eligible for accreditation by either the ACCME or MSNJ.

Commercial support: Monetary or in-kind contributions given by an ACCME-defined commercial interest to a CME provider that is used to pay all or part of the costs of a CME activity. The ACCME Standards for Commercial Support: Standards to Ensure Independence in CME Activities explains the rules CME providers must follow when receiving and managing commercial support. Revenues that CME providers receive from advertising and exhibits are **not** considered commercial support.

Accreditation Review Committee (ARC): A sub-committee of the MSNJ Committee on Medical Education that reviews applications, survey reports, reviewer reports, providing their recommendations to the full Committee on Medical Education.

Committee learning: A CME activity that involves a learner's participation in a committee process addressing a subject that would meet the ACCME definition of CME if it were taught or learned in another format.

Compliance: The finding given when a CME provider has fulfilled the requirements for the specific criterion in the Accreditation Criteria or policy.

Conflict of interest: The ACCME considers financial relationships to create conflicts of interest in CME when individuals have both a financial relationship with a commercial interest **and** the opportunity to affect the content of CME about the products or services of that commercial interest. The potential for maintaining or increasing the value of the financial relationship with the commercial interest creates an incentive to influence the content of the CME—an incentive to insert commercial bias. See also *relevant financial relationships*.

Continuing Medical Education (CME): Continuing medical education consists of educational activities that serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME is the body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of healthcare to the public.

Co-provided activity: A CME activity presented by two or more accredited providers. One of the accredited providers must take responsibility for the activity in terms of meeting MSNJ requirements and reporting activity data to the ACCME. See also *directly provided activity*.

Council of Medical Specialty Societies (CMSS): A member organization of the Accreditation Council for Continuing Medical Education. The CMSS nominates two individuals for election to the ACCME Board of Directors.

Course: A live CME activity where the learner participates in person. A course is planned as an individual event. Examples: annual meeting, conference, seminar.

Credit: The "currency" assigned to CME activities. Physicians and other healthcare professionals use credits to meet requirements for maintenance of licensure, maintenance of specialty board certification, credentialing, membership in professional societies, and other professional privileges. The requirements for credit designation are determined by the organization responsible for the credit system. Organizations that administer credit systems for physicians include the American Medical Association, the American Academy of Family Physicians, the American College of Obstetricians and Gynecologists, and the American Osteopathic Association. Please refer to those organizations for more information.

Designation of CME credit: The declaration that an activity meets the requirements for a specific type of credit. The accredited provider is responsible to those organizations that administer credit systems for compliance with applicable credit requirements. Please note: The designation of credit for CME activities is not within the purview of the ACCME or ACCME Recognized Accreditors. See also *credit*.

Directly provided activity: A CME activity that is planned, implemented, and evaluated by an accredited provider. This definition includes co-provided activities (offered by two accredited providers) reported to the ACCME by the accredited provider that takes responsibility for the activity. See also *co-provided activity*.

Documentation review: See *performance-in-practice review*.

Enduring Materials: CME activities that are printed, recorded, or accessible online and do not have a specific time or location designated for participation. Rather, the participant determines where and when to complete the activity. Examples: online interactive educational module, recorded presentation, podcast.

Faculty: The professionals responsible for teaching, authoring, or otherwise communicating the activity content.

Federation of State Medical Boards of the U.S., Inc. (FSMB): A member organization of the Accreditation Council for Continuing Medical Education. The FSMB nominates two individuals for election to the ACCME Board of Directors.

Financial relationships: See *relevant financial relationships*.

Focused accreditation interview: A specially arranged interview with an accredited provider to address noncompliance areas that had not been corrected in a progress report.

Internet live activity: An online course available at a certain time on a certain date and is only available in real-time, just as if it were a course held in an auditorium. Once the event has taken place, learners may no longer participate in that activity. Example: live webcast.

Internet searching and learning CME: An activity based on a learner identifying a problem in practice and then researching the answer online using sources that are facilitated by an accredited provider. For the purpose of ACCME (PARS) data collection, the ACCME includes Internet point-of-care learning, as defined by the American Medical Association, in the category Internet searching and learning.

Intrastate accredited provider: CME providers accredited by state/territory medical societies recognized as accreditors by the ACCME. Intrastate providers offer CME primarily to learners from their state/territory or contiguous states as opposed to ACCME accredited providers, which offer CME primarily to national or international audiences.

Joint Accreditation™: A program that offers organizations the opportunity to be simultaneously accredited to provide medical, nursing, and pharmacy continuing education through a single, unified application, fee structure, set of accreditation standards, and review process. Launched in 2009, Joint Accreditation is a collaboration of the ACCME, the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC). Currently not available to organizations accredited by State Medical Society.

Joint providership: providership of a CME activity by one accredited and one nonaccredited organization. The accredited provider must take responsibility for a CME activity when it is presented in cooperation with a nonaccredited organization and must use the appropriate accreditation statement. A commercial interest cannot take the role of nonaccredited entity in a joint providership relationship.

Jointly provided activity: A CME activity that is planned, implemented, and evaluated by an accredited provider and a nonaccredited entity.

Journal-based CME activity: A journal-based CME activity includes the reading of an article, a provider stipulated/learner directed phase (that may include reflection, discussion, or debate about the material

contained in the article(s), and a requirement for the completion by the learner of a pre-determined set of questions or tasks relating to the content of the material as part of the learning process. (Not to be confused with a Journal Club)

Learner: An attendee at a CME activity. See also *physician participant* and *nonphysician participant*.

Learning from teaching activities: Personal learning projects designed and implemented by the learner with facilitation from the accredited provider.

Manuscript review CME: An activity based on a learner's participation in a manuscript's pre-publication review process.

Monitoring: The ACCME monitors accredited providers between formal accreditation reviews by reviewing the program and activity data they submit on at least an annual basis. In addition, the ACCME has a formal procedure for accepting and reviewing complaints from the public and the CME community about ACCME-accredited providers' compliance with accreditation requirements.

Nonaccreditation: The accreditation decision by the ACCME that a CME provider has not demonstrated compliance with the appropriate ACCME requirements.

Noncompliance: The finding given when a CME provider does not fulfill the ACCME's requirements for the specific criterion in the Accreditation Criteria or policy.

Nonphysician participants: CME activity attendees other than MDs and DOs, such as nurses, physician assistants, and other health professionals. For ACCME data collection purposes, residents are now also included in this category.

Parent organization: An outside entity, separate from the accredited provider that has control over the accredited provider's funds, staff, facilities, and/or CME activities.

Participant: An attendee at a CME activity. See also *physician participant* and *nonphysician participant*.

Performance improvement CME: An activity based on a learner's participation in a project established and/or guided by a CME provider. A physician identifies an educational need through a measure of his/her performance in practice, engages in educational experiences to meet the need, integrates the education into patient care, and then re-evaluates his/her performance.

Performance-in-practice review: During the initial accreditation, reaccreditation, and progress report processes, the ACCME/Recognized Accreditor selects activities to review from the CME provider's current accreditation term. The provider then submits materials documenting how these activities fulfilled accreditation requirements. This process enables the ACCME/Recognized Accreditor to ensure that accredited providers are consistently complying with requirements on an activity level.

Physician participants: CME activity attendees who are MDs or DOs. For purposes of ACCME data collection, residents are *not* included in this category, but are included under nonphysician participants.

Probation: Accreditation status given to accredited providers that have serious problems meeting MSNJ requirements. Probation may also be given to providers whose progress reports are rejected. The accredited provider must correct the noncompliance issues in order to achieve accreditation status. While on probation, a provider may not jointly provide new activities. See also *progress report*.

Program of CME: The provider's CME activities and functions taken as a whole.

Progress Report: Accredited providers that receive noncompliance findings in the Accreditation Criteria or policies must submit a progress report demonstrating that they have come into compliance. If the accredited provider successfully demonstrates compliance, the progress report is accepted and the provider can then complete its four-year accreditation term. If the progress report does not yet demonstrate compliance, the accredited provider will be required to submit a second progress report and/or the ACCME may require a focused accreditation interview to address the areas of noncompliance. The ACCME can also place an accredited provider on Probation or issue a decision of Nonaccreditation after reviewing a progress report.

Provider: The institution or organization that is accredited to present CME activities.

Provisional Accreditation: A two-year term given to initial applicants that comply with Accreditation Criteria 1, 2, 3, and 7–12.

Recognition: The process used by the ACCME to approve state and territory medical societies as accreditors of intrastate providers.

Regularly scheduled series (RSS): A course that is planned as a series with multiple, ongoing sessions, e.g., offered weekly, monthly, or quarterly; and is primarily planned by and presented to the accredited organization's professional staff. Examples: grand rounds, tumor boards, and morbidity and mortality conferences.

Relevant financial relationships: The ACCME/MSNJ requires anyone in control of CME content to disclose relevant financial relationships to the accredited provider. Individuals must also include in their disclosure the relevant financial relationships of a spouse or partner. The ACCME/MSNJ defines *relevant financial relationships* as financial relationships in any amount that create a conflict of interest and that occurred in the twelve-month period preceding the time that the individual was asked to assume a role controlling content of the CME activity. The ACCME has not set a minimal dollar amount—any amount, regardless of how small, creates the incentive to maintain or increase the value of the relationship. Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria for promotional speakers' bureau, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. See also *conflict of interest*.

Self-study report: A step in the accreditation process. When applying for accreditation or reaccreditation, CME providers prepare a report to explain their accomplishments and practices related to the Accreditation Criteria and policies, assess areas for improvement, and outline a plan for making those improvements.

Standards for Commercial SupportSM: Standards to Ensure Independence in CME Activities: Standards for Commercial Support: Standards to Ensure Independence in CME Activities ACCME requirements designed to ensure that CME activities are independent and free of commercial bias. The Standards comprise six standards: independence, resolution of personal conflicts of interest, appropriate use of commercial support, appropriate management of associated commercial promotion, content, and format without commercial bias, and disclosures relevant to potential commercial bias.

Supporter: See *commercial interest* and *commercial support*.

Test-item writing: A CME activity based on a learner's participation in the pre-publication development and review of any type of test item. Examples: multiple choice questions, standardized patient cases.

Abbreviations

ACCME Accreditation Council for Continuing Medical Education

ACPE Accreditation Council for Pharmacy Education

ARC Accreditation Review Committee

AAFP American Academy of Family Physicians

ABMS American Board of Medical Specialties

ACOG American Congress of Obstetrics and Gynecology

AHA American Hospital Association

AMA American Medical Association

ANCC American Nurses Credentialing Center

AOA American Osteopathic Association

AHME Association for Hospital Medical Education
AAMC Association of American Medical Colleges
CRR Committee for Review and Recognition
CME Continuing Medical Education
CMSS Council of Medical Specialty Societies
FSMB Federation of State Medical Boards of the U.S., Inc.

Resources

ACCME – www.accme.org

Alliance for CME – www.acme-assn.org

American Medical Association - CME Provider Resources – www.ama-assn.org

The Society for Academic Medical Education www.sacme.org